

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P06000000343

FILED
Apr 16, 2009
Secretary of State**Entity Name:** RAMARAO MAKKENA MD PA**Current Principal Place of Business:**3389 W. VINE ST
SUITE 304
KISSIMMEE, FL 34741**New Principal Place of Business:****Current Mailing Address:**3389 W. VINE ST
SUITE 304
KISSIMMEE, FL 34741**New Mailing Address:****FEI Number:** 20-4031755**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**MAKKENA, RAMARAO
6687 LK PEMBROKE PL
ORLANDO, FL 32829 US**Name and Address of New Registered Agent:**MAKKENA, RAMARAO
8949 HERITAGE BAY CIR
ORLANDO, FL 32836 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: RAMARAO MAKKENA

04/16/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MAKKENA, RAMARAO
Address: 6687 LK PEMBROKE PL
City-St-Zip: ORLANDO, FL 32829

Title: VP () Delete
Name: MAKKENA, SUJATHA
Address: 6687 LK PEMBROKE PL
City-St-Zip: ORLANDO, FL 32829

Title: S () Delete
Name: MAKKENA, RAMARAO
Address: 6687 LK PEMBROKE PL
City-St-Zip: ORLANDO, FL 32829

Title: T () Delete
Name: MAKKENA, RAMARAO
Address: 6687 LK PEMBROKE PL
City-St-Zip: ORLANDO, FL 32829

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MAKKENA, RAMARAO
Address: 8949 HERITAGE BAY CIR
City-St-Zip: ORLANDO, FL 32836

Title: VP (X) Change () Addition
Name: MAKKENA, SUJATHA
Address: 8949 HERITAGE BAY CIR
City-St-Zip: ORLANDO, FL 32836

Title: S (X) Change () Addition
Name: MAKKENA, RAMARAO
Address: 8949 HERITAGE BAY CIR
City-St-Zip: ORLANDO, FL 32836

Title: T (X) Change () Addition
Name: MAKKENA, RAMARAO
Address: 8949 HERITAGE BAY CIR
City-St-Zip: ORLANDO, FL 32836

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RAMARAO MAKKENA

P

04/16/2009

Electronic Signature of Signing Officer or Director

Date