

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000018025

Entity Name: JAY AVASHIA, M.D., P.A.

**FILED**  
**Mar 26, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

131 PATTERSON RD  
HAINES CITY, FL 33844 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 1740  
EAGLE LAKE, FL 33839 US

**New Mailing Address:**

FEI Number: 20-4268031

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

INGLEY, ROGER  
230 E TILLMAN ROAD  
LAKE WALES, FL 33853 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: MD  
Name: AVASHIA, JAY  
Address: P.O. BOX 1740  
City-St-Zip: EAGLE LAKE, FL 33839 US

I hereby 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 all other like empowered.

SIGNATURE: JAY AVASHIA

MD

03/26/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date