

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000029638

**FILED**  
**Mar 05, 2011**  
**Secretary of State**

**Entity Name:** GENESIS INTERNATIONAL, INC.

**Current Principal Place of Business:**

3685 CROWN POINT CT  
JACKSONVILLE, FL 322575967 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 24330  
JACKSONVILLE, FL 322414330 US

**New Mailing Address:**

**FEI Number:** 20-4484819

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MADKAIKER, SATYEN P MD  
3685 CROWN POINT CT  
JACKSONVILLE, FL 322575967 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: PRES  
Name: MADKAIKER, SATYEN P MD  
Address: 3685 CROWN POINT CT  
City-St-Zip: JACKSONVILLE, FL 322575967 US

Title: VP  
Name: MADKAIKER, PRITA S  
Address: 3685 CROWN POINT CT  
City-St-Zip: JACKSONVILLE, FL 322575967 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: SATYEN P. MADKAIKER, MD

PRES

03/05/2011

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

\_\_\_\_\_  
Date