

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000112035

Entity Name: SIVA MD PA

**FILED**  
**Jan 10, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

2845 SE 3RD CT  
OCALA, FL 34471

**New Principal Place of Business:**

**Current Mailing Address:**

2845 SE 3RD CT  
OCALA, FL 34471

**New Mailing Address:**

FEI Number: 20-5459949

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

SIVASEKARAN, RATNASABAPATHY  
4938 SE 4TH AVE  
OCALA, FL 34480 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: PST  
Name: SIVASEKARAN, RATNASABAPATHY  
Address: 4938 SE 4TH AVE  
City-St-Zip: OCALA, FL 34480

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: RATNASABAPATHY SIVASEKARAN

PST

01/10/2011

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

\_\_\_\_\_  
Date