## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P06000152488

Entity Name: RAJKUMAR NEBHRAJANI, M.D., INC.

NEBHRAJANI, RAJKUMAR

PEMBROKE PINES, FL 33025

9310 S.W. 6TH COURT

Name:

Address:

City-St-Zip:

FILED Jan 22, 2009 Secretary of State

Current Principal Place	of Business:	New Principal Place	New Principal Place of Business:	
9310 S.W. 6TH COURT PEMBROKE PINES, FL	330253644	3700 WASHINGTON SUITE 202 HOLLYWOOD, FL 3		
Current Mailing Address:		New Mailing Addre	New Mailing Address:	
9310 S.W. 6TH COURT PEMBROKE PINES, FL 330253644		SUITE 202	3700 WASHINGTON STREET SUITE 202 HOLLYWOOD, FL 33021	
FEI Number: 20-8086839	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:			of New Registered Agent:	
NEBHRAJANI, RAJKUM, 9310 S.W. 6TH COURT PEMBROKE PINES, FL				
The above named entity s in the State of Florida.	submits this statement for the p	urpose of changing its register	ed office or registered agent, or both,	
SIGNATURE:				
Electron	nic Signature of Registered Age	nt	Date	
Election Campaign Financing	g Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:		ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: P ()	) Delete	Title:	( ) Change ( ) Addition	

Name:

Address:

City-St-Zip:

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: RN MD 01/22/2009