

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000093127

Entity Name: IRAJ HEALTHCARE INC

**FILED**  
**Jan 09, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

6826 SORRENTO STREET  
ORLANDO, FL 32819

**New Principal Place of Business:**

801 WEST OAK STREET  
203  
KISSIMMEE, FL 34741

**Current Mailing Address:**

6826 SORRENTO STREET  
ORLANDO, FL 32819

**New Mailing Address:**

801 WEST OAK STREET  
203  
KISSIMMEE, FL 34741

FEI Number: 26-0813671

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

KALIA, RAJAN  
8825 GREY HAWK PT  
ORLANDO, FL 32836 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: KALIA, RAJAN  
Address: 8825 GREY HAWK PT  
City-St-Zip: ORLANDO, FL 32836

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: RAJAN KALIA

PRES

01/09/2012

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

\_\_\_\_\_  
Date