

04-24-2008 90116 026 ***150.00

DOCUMENT # P07000094065		Secretary of State 04-24-2008 90116 026 ***150.00	
1. Entity Name NEETA MITROO, M.D., P.A.			
Principal Place of Business 4020 GALT OCEAN DR., SUITE 1607 FT. LAUDERDALE, FL 33308		Mailing Address 4020 GALT OCEAN DR., SUITE 1607 FT. LAUDERDALE, FL 33308	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent GINGER, BERNARD A 9107 STIRLING RD., SUITE 105 FT. LAUDERDALE, FL 33312		7. Name and Address of New Registered Agent Name Anthony DeAquino Street Address (P.O. Box Number is Not Acceptable) 2101 W. Commercial Blvd. Suite 4800 City Ft. Lauderdale FL Zip Code 33309	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when withdrawing) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSTD MITROO, NEETA 4020 GALT OCEAN DR., SUITE 1607 FT. LAUDERDALE, FL 33308 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD MITROO, J.B. 4020 GALT OCEAN DR., SUITE 1607 FT. LAUDERDALE, FL 33308 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: Neeta Mitroo (J.B. MITROO)		4/22/2008 954-636-1945	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	