

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000120619

Entity Name: PK CONSULTANTS OF NAPLES, PA

**FILED**  
**Apr 12, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

1656 MEDICAL BLVD  
STE 302  
NAPLES, FL 34110 US

**New Principal Place of Business:**

**Current Mailing Address:**

1656 MEDICAL BLVD  
STE 302  
NAPLES, FL 34110 US

**New Mailing Address:**

**FILING CANCELLED**  
**RETURNED CHECK**

FEI Number: 26-1349150

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

PANDYA, SUNIL  
1656 MEDICAL BLVD  
STE 302  
NAPLES, FL 34110 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: P  
Name: PANDYA, SUNIL R  
Address: 1656 MEDICAL BLVD STE 302  
City-St-Zip: NAPLES, FL 34110 US

Title: VP  
Name: KING, LINELL C  
Address: 1656 MEDICAL BLVD STE 302  
City-St-Zip: NAPLES, FL 34110 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: SUNIL PANDYA

PRES

04/12/2011

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

\_\_\_\_\_  
Date