

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000009643

FILED
Jun 25, 2009
Secretary of State

Entity Name: CHIRON MEDICAL SERVICES, P.A.

Current Principal Place of Business:

3005 87TH PLACE
UNIT 301
PINELLAS PARK, FL 33782 US

New Principal Place of Business:

226 VALENCIA CIRCLR
ST. PETERSBURG, FL 33716 US

Current Mailing Address:

226 VALENCIA CIR
ST. PETERSBURG, FL 33716

New Mailing Address:

226 VALENCIA CIRCLR
ST. PETERSBURG, FL 33716 US

FEI Number: 26-1840343

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WALKER, GARY
202 S. ROME AVENUE
SUITE 100
TAMPA, FL 33606 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: KUMAR, AJOY M.D.
Address: 3005 87TH PLACE, UNIT 301
City-St-Zip: PINELLAS PARK, FL 33782

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: KUMAR, AJOY M.D.
Address: 226 VALENCIA CIRCLE
City-St-Zip: ST. PETERSBURG, FL 33716 US

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: AJOY KUMAR, M.D.

P

06/25/2009

Electronic Signature of Signing Officer or Director

Date