

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000056137

**FILED**  
**Feb 19, 2010**  
**Secretary of State**

**Entity Name:** LOKARANJIT CHALASANI, M.D., P.A.

**Current Principal Place of Business:**

3906 ESTEPONA AVE  
DORAL, FL 33178

**New Principal Place of Business:**

3221 SILVER LEAF DR  
PENSACOLA, FL 32504

**Current Mailing Address:**

3906 ESTEPONA AVE  
DORAL, FL 33178

**New Mailing Address:**

3221 SILVER LEAF DR  
PENSACOLA, FL 32504

**FEI Number:** 26-2777333

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CHALASANI, LOKARANJIT  
3906 ESTEPONA AVE  
DORAL, FL 33178 US

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

CHALASANI, LOKARANJIT  
3221 SILVERLEAF DR  
PENSACOLA, FL 32504 US

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:

02/19/2010

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: D  
Name: CHALASANI, LOKARANJIT  
Address: 3221 SILVERLEAF DR  
City-St-Zip: PENSACOLA, FL 32504

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: CRANJIT

MD

02/19/2010

Electronic Signature of Signing Officer or Director

Date