

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000069663

**FILED**  
**Aug 30, 2012**  
**Secretary of State**

**Entity Name:** HARE KRISHNA MEDICAL CARE, P.A.

**Current Principal Place of Business:**

4750 N. FEDERAL HIGHWAY  
203  
FORT LAUDERDALE, FL 33308 US

**New Principal Place of Business:**

5347 SW 34 TER  
FORT LAUDERDALE, FL 33312 US

**Current Mailing Address:**

4750 N. FEDERAL HIGHWAY  
203  
FORT LAUDERDALE, FL 33308 US

**New Mailing Address:**

5347 SW 34 TER  
FORT LAUDERDALE, FL 33312 US

**FEI Number:** 26-3035940

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SHETH, KISHOR O DR.  
4750 N. FEDERAL HIGHWAY  
203  
FORT LAUDERDALE, FL 33308 US

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

SHETH, KISHOR O DR.  
5347 SW 34 TER  
FORT LAUDERDALE, FL 33312 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: KISHOR SHETH

08/30/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: SHETH, KISHOR O DR  
Address: 5347 SW 34 TER  
City-St-Zip: FORT LAUDERDALE, FL 33312 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: KISHOR SHETH

P

08/30/2012

Electronic Signature of Signing Officer or Director

Date