

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000000571

**FILED**  
**Jan 23, 2011**  
**Secretary of State**

**Entity Name:** DESAI MEDICAL CENTER FOR PRIMARY CARE AND INTEGRATIVE MEDICINE, P.A.

**Current Principal Place of Business:**

910 OLD CAMP RD  
BLDG # 200 SUITE # 202  
THE VILLAGES, FL 32162

**New Principal Place of Business:**

**Current Mailing Address:**

910 OLD CAMP RD  
BLDG # 200 SUITE # 202  
THE VILLAGES, FL 32162

**New Mailing Address:**

**FEI Number:** 26-3979799

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

DESAI, KALPANA P  
39835 GROVE HEIGHTS  
LADY LAKE, FL 321595945 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: DR.  
Name: DESAI, KALPANA P  
Address: 910 OLD CAMP RD BLDG # 200 SUITE# 202  
City-St-Zip: THE VILLAGES, FL 32162

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: KALPANA P. DESAI

DR.

01/23/2011

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

\_\_\_\_\_  
Date