

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000002485

**FILED**  
**Mar 02, 2012**  
**Secretary of State**

**Entity Name:** GOURAV N. MUKHERJEE ATTORNEY AT LAW P.A.

**Current Principal Place of Business:**

12 E MONUMENT AVE  
KISSIIMME, FL 34741

**New Principal Place of Business:**

37 N. ORANGE AVE. SUITE 500  
SUITE 500  
ORLANDO, FL 32801

**Current Mailing Address:**

1445 RIVIERA DRIVE  
KISSIIMME, FL 34744

**New Mailing Address:**

37 N. ORANGE AVE. SUITE 500  
SUITE 500  
ORLANDO, FL 32801

**FEI Number:** 26-4758047

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MUKHERJEE, GOURAV N P  
1445 RIVIERA DRIVE  
KISSIIMME, FL 34744 US

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

SALZMAN, GARY S  
301 EAST PINE STREET  
SUITE 1400  
ORLANDO, FL 32801 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: GARY S SALZMAN

03/02/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: MUKHERJEE, GOURAV N  
Address: 1445 RIVIERA DRIVE  
City-St-Zip: KISSIIMME, FL 34744

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: GOURAV N MUKHERJEE

P

03/02/2012

Electronic Signature of Signing Officer or Director

Date