## 2012 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P10000018812

**Entity Name: RAGHAVENDRA PHARMACY INC** 

**FILED** Mar 05, 2012 Secretary of State

**New Principal Place of Business: Current Principal Place of Business:** 

5431 NORTH STATE ROAD #7 TAMARAC, FL 34786

**Current Mailing Address: New Mailing Address:** 

5431 NORTH STATE ROAD #7 TAMARAC, FL 34786

FEI Number: 27-2062960 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

GINJUPALLI, MURALI C 6970 SWINSCOE LN

WINDEREMERE, FL 34786 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:

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

Title:

GINJUPALLI, MURALI C Name: 6970 SWINSCOE LN Address:

City-St-Zip: WINDEREMERE, FL 34786 US

Title:

Name: SHAKHAMOORI, NAGESH 2897 CHURCHILL LN Address: SAGINAW, MI 48603 US City-St-Zip:

Title:

KONDAPALLI, SHIVA Name: 1433 CARING CT Address: City-St-Zip: MAITLAND, FL 32751 US

Title:

KOLLA, AJAY Name: Address: 6970 SWINSCOE LN

City-St-Zip: WINDERMERE, FL 34786 US

Title:

MUKTINENI, SATISH Name:

Address: 1500 CALMING WATER DR UNIT 4903 City-St-Zip: FLEMING ISLAND, FL 32003 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: NAGESH SHAKHAMOORI V 03/05/2012