

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000066233

**Entity Name:** MUTHAMILAN CHINNAIRUSAN, MD P.A.

**FILED**  
**Jan 18, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

20225 NE 34TH CT.  
1115  
AVENTURA, FL 33180 US

**New Principal Place of Business:**

**Current Mailing Address:**

20225 NE 34TH CT.  
1115  
AVENTURA, FL 33180 US

**New Mailing Address:**

FEI Number: 27-3223800      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

CHINNAIRUSAN, MUTHAMILAN  
20225 NE 34TH CT.  
1115  
AVENTURA, FL 33180 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: P  
Name: CHINNAIRUSAN, MUTHAMILAN  
Address: 20225 NE 34TH CT., APT. 1115  
City-St-Zip: AVENTURA, FL 33180 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: MUTHAMILAN CHINNAIRUSAN

P

01/18/2012

Electronic Signature of Signing Officer or Director

Date