2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 11, 2012
Secretary of State

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Entity Name: KOPURI, ORTHODONTIST, P.A.

Current Principal Place of Business:

726 HAWKSBILL ISLAND DRIVE
SATELLITE BEACH, FL 32937

New Principal Place of Business:

Current Mailing Address:

726 HAWKSBILL ISLAND DRIVE
SATELLITE BEACH, FL 32937

New Mailing Address:

FEI Number: 27-4340612 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ANDERSON, J PATRICK
2200 FRONT STREET
SUITE 301
MELBOURNE, FL 32901 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: PST
Name: KOPURI, N RAO BDS,MS
Address: 726 HAWKSBILLE ISLAND DRIVE
City-St-Zip: SATELLITE BEACH, FL 32937

Title: AST
Name: KOPURI, APARNA MD
Address: 726 HAWKSBIL ISLAND DRIVE
City-St-Zip: SATELLITE BEACH, FL 32937

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: N. RAO KOPURI PRES 03/11/2012

Electronic Signature of Signing Officer or Director Date