

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P11000047488

**FILED**  
**Apr 30, 2012**  
**Secretary of State**

**Entity Name:** ST PETE ENDOCRINOLOGY ASSOCIATES P.A.

**Current Principal Place of Business:**

2025 MURRELL ROAD  
SUITE 170  
ROCKLEDGE, FL 32955 US

**New Principal Place of Business:**

1201 5TH AVENUE NORTH  
ST PETERSBURG, FL 33705 US

**Current Mailing Address:**

2025 MURRELL ROAD  
SUITE 170  
ROCKLEDGE, FL 32955 US

**New Mailing Address:**

**FEI Number:** 45-2331522      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

RAMACHANDRUNI, SRIKANTH  
1751 ADMIRALTY BLVD  
ROCKLEDGE, FL 32955 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:** RAMACHANDRUNI, SRIKANTH  
**Address:** 1751 ADMIRALTY BLVD  
**City-St-Zip:** ROCKLEDGE, FL 32955 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: SRIKANTH RAMACHANDRUNI

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04/30/2012

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date