

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P93000000704

Entity Name: VRAJ PANARA M.D., P.A.

**FILED**  
**Jan 10, 2011**  
**Secretary of State**

## **Current Principal Place of Business:**

220 N. WESTMONTE DRIVE  
STE. B  
ALTAMONTE SPRINGS, FL 32714 US

## **New Principal Place of Business:**

## **Current Mailing Address:**

220 N. WESTMONTE DRIVE  
STE. B  
ALTAMONTE SPRINGS, FL 32714 US

## **New Mailing Address:**

FEI Number: 59-3157884

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

PANARA, VRAJ  
220 NORTH WESTMONTE DRIVE  
SUITE B  
ALTAMONTE SPRINGS, FL 32714 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: PANARA, VRAJ  
Address: 220 N WESTMONTE DR STE B  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

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: VRAJ PANARA

P

01/10/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date