

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000074699

Entity Name: SANJIV WALIA, M.D., P.A.

FILED  
Jan 06, 2012  
Secretary of State

**Current Principal Place of Business:**

2215 NEBRASKA AVE.  
SUITE 1-F-2  
FT. PIERCE, FL 34950

**New Principal Place of Business:**

**Current Mailing Address:**

2215 NEBRASKA AVE.  
SUITE 1-F-2  
FT. PIERCE, FL 34950

**New Mailing Address:**

FEI Number: 65-0450729      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

WALIA, SANJIV  
2215 NEBRASKA AVE.  
SUITE 1-F-2  
FT. PIERCE, FL 34950 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: D  
Name: WALIA, SANJIV  
Address: 2215 NEBRASKA AVE., SUITE 1-F-2  
City-St-Zip: FT. PIERCE, FL 34950

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: SANJIV WALIA

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

MD

01/06/2012

\_\_\_\_\_ Date