

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P94000049325

**FILED**  
**Apr 08, 2012**  
**Secretary of State**

**Entity Name:** HARISH MADHAV, M.D., P.A.

**Current Principal Place of Business:**

2226 S.E. 2ND ST.  
BOYNTON BEACH, FL 33435

**New Principal Place of Business:**

**Current Mailing Address:**

2226 S.E. 2ND ST.  
BOYNTON BEACH, FL 33435

**New Mailing Address:**

**FEI Number:** 65-0502576

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MADHAV, HARISH  
2226 S.E. 2ND ST.  
BOYNTON BEACH, FL 33435 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: DPST  
Name: MADHAV, HARISH  
Address: 2226 S.E. 2ND ST.  
City-St-Zip: BOYNTON BEACH, FL 33435

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: HARISH MADHAV

DPST

04/08/2012

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

\_\_\_\_\_  
Date