

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P95000040075

Entity Name: NARENDRA S. SASTRY, M.D., P.A.

FILED
Oct 08, 2008
Secretary of State

Current Principal Place of Business:

278 S MOON AVE
BRANDON, FL 33511

New Principal Place of Business:

5 TAMPA GENERAL CIRCLE
STE 650
TAMPA, FL 33606

Current Mailing Address:

278 S MOON AVE
BRANDON, FL 33511

New Mailing Address:

5 TAMPA GENERAL CIRCLE
STE 650
TAMPA, FL 33606

FEI Number: 59-3323996

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SASTRY, NARENDRA S M.D.
278 S MOON AVE
BRANDON, FL 33511 US

Name and Address of New Registered Agent:

SASTRY, NARENDRA S M.D.
5 TAMPA GENERAL CIRCLE
STE 650
TAMPA, FL 3366 US

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: NARENDRA S. SASTRY

10/08/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SASTRY, NARENDRA S M.D.
Address: 278 S MOON AVE
City-St-Zip: BRANDON, FL 33511

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: SASTRY, NARENDRA S M.D.
Address: 5 TAMPA GENERAL CIRCLE, STE 650
City-St-Zip: TAMPA, FL 33606

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: NARENDRA S. SASTRY, M.D.

DIRE

10/08/2008

Electronic Signature of Signing Officer or Director

Date