

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000071710

Entity Name: KUNJANA MAVUNDA, M.D., P.A.

FILED  
Jan 03, 2005  
Secretary of State

**Current Principal Place of Business:**

4625 PONCE DE LEON BLVD  
CORAL GABLES, FL 33146 US

**New Principal Place of Business:**

**Current Mailing Address:**

6400 SW 122ND ST  
MIAMI, FL 33156 US

**New Mailing Address:**

FEI Number: 65-0609240

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

KUNJANA, MAVUNDA MD  
6400 SW 122ND ST  
MIAMI, FL 33156 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PDS ( ) Delete  
Name: MAVUNDA, KUNJANA MD  
Address: 4625 PONCE DE LEON BLVD  
City-St-Zip: CORAL GABLES, FL 33196

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DR. (X) Change ( ) Addition  
Name: MAVUNDA, KUNJANA MD  
Address: 4625 PONCE DE LEON BLVD  
City-St-Zip: CORAL GABLES, FL 33146

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: KUNJANA MAVUNDA

DR.

01/03/2005

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

\_\_\_\_\_ Date