

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000081966

Entity Name: KIRAN R. MODI, M.D., P.A.

FILED  
Feb 19, 2011  
Secretary of State

**Current Principal Place of Business:**

500 N WASHINGTON AVE  
SUITE #106  
TITUSVILLE, FL 32796

**New Principal Place of Business:**

**Current Mailing Address:**

500 N WASHINGTON AVE  
SUITE #106  
TITUSVILLE, FL 32796

**New Mailing Address:**

FEI Number: 59-3339594      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

MODI, KIRAN R MD  
500 N WASHINGTON AVE  
106  
TITUSVILLE, FL 32796 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: PDR  
Name: MODI, KIRAN R  
Address: 500 N WASHINGTON #106  
City-St-Zip: TITUSVILLE, FL 32796

Title: VPDR  
Name: MODI, GITA K  
Address: 500 N WASHINGTON AVE SUITE #106  
City-St-Zip: TITUSVILLE, FL 32796

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: KRMODI

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

PRES

02/19/2011

\_\_\_\_\_ Date