

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P96000021103

**FILED**  
**Apr 07, 2011**  
**Secretary of State**

**Entity Name:** NAGARAKERE SHANKARAIAH, M.D., P.A.

**Current Principal Place of Business:**

3112 SOUTH CONGRESS AVENUE STE A  
PALM SPRINGS, FL 33461

**New Principal Place of Business:**

**Current Mailing Address:**

3112 SOUTH CONGRESS AVENUE STE A  
PALM SPRINGS, FL 33461

**New Mailing Address:**

**FEI Number:** 65-0664801

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SHANKARAIAH, NAGARAKERE  
3309 SOUTH FLAGLER DRIVE  
WEST PALM BEACH, FL 33405 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: PD  
Name: SHANKARAIAH, NAGARAKERE  
Address: 3309 SOUTH FLAGLER DRIVE  
City-St-Zip: WEST PALM BEACH, FL 33405

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: NAGARAKERE SHANKARAIAH

PD

04/07/2011

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

\_\_\_\_\_  
Date