## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P96000074443

Entity Name: VILAS DESHPANDE, M.D., P.A.

FILED Apr 27, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

5880 49TH STREET N. SUITE 101-N ST PETERSBURG, FL 33709

Current Mailing Address: New Mailing Address:

5880 49TH STREET N. SUITE 101-N ST PETERSBURG, FL 33709

FEI Number: 59-3399078 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

DESHPANDE, VILAS M.D. 6820 PEBBLE BEACH LANE SEMINOLE, FL 33777 US DESHPANDE, VILAS M.D. 6820 PEBBLE BEACH LANE SEMINOLE, FL 33777 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: VILAS DESHPANDE 04/27/2006

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D ( ) Delete Title: DR. (X) Change ( ) Addition

Name: DESHPANDE, VILAS Name: DESHPANDE, VILAS

Address: 5880 49TH ST NORTH STE 101-N Address: 5880 49TH ST NORTH STE 101-N

City-St-Zip: ST PETERSBURG, FL City-St-Zip: ST PETERSBURG, FL

I hereby certify that the information supplied with this filing does not qualify for the 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: VILAS DESHPANDE DR. 04/27/2006