

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000074443

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

FILED
May 08, 2007
Secretary of State

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-3399078

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DESHPANDE, VILAS M.D.
6820 PEBBLE BEACH LANE
SEMINOLE, FL 33777 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DR. () Delete
Name: DESHPANDE, VILAS
Address: 5880 49TH ST NORTH STE 101-N
City-St-Zip: ST PETERSBURG, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: DESHPANDE VILAS

OFFR

05/08/2007

Electronic Signature of Signing Officer or Director

Date