

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000050087

FILED
Jan 11, 2009
Secretary of State

Entity Name: WEST FLORIDA MEDICAL ASSOCIATES, P.A.

Current Principal Place of Business:

3533 N. LECANTO HIGHWAY
BEVERLY HILLS, FL 34465

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 640573
BEVERLY HILLS, FL 34464

New Mailing Address:

FEI Number: 59-3411454 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HAVAS, JEREMY D.O.
3533 N. LECANTO HIGHWAY
BEVERLY HILLS, FL 34465 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: P () Delete
Name: VENUGOPALA, REDDY
Address: 3400 N. LECANTO HWY
City-St-Zip: BEVERLY HILLS, FL 34465

Title: VP () Delete
Name: RAJENDRA, BELLAM
Address: 11707 N. WILLIAMS ST
City-St-Zip: DUNNELLON, FL 34432

Title: T () Delete
Name: MARIANENELA, KUMAR
Address: 3400 N. LECANTO HWY
City-St-Zip: BEVERLY HILLS, FL 34465

Title: S () Delete
Name: ALUGUBELLI, VENKAT
Address: 3745 N. LECANTO HWY
City-St-Zip: BEVERLY HILLS, FL 34465

Title: D () Delete
Name: HAVAS, JEREMY
Address: 3533 N. LECANTO HWY
City-St-Zip: BEVERLY HILLS, FL 34465

Title: D () Delete
Name: ULHAS, DEVEN
Address: 11707 N. WILLIAMS ST.
City-St-Zip: DUNNELLON, FL 34432

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: BELLAM, RAJENDRA P
Address: 11707 N WILLIAMS STREET
City-St-Zip: DUNNELLON, FL 34432

Title: VP (X) Change () Addition
Name: ALUGUBELLI, VENKAT R
Address: 3745 N LECANTO HWY #3
City-St-Zip: BEVERLY HILLS, FL 34465

Title: S (X) Change () Addition
Name: KUMAR, MARIANANDA P
Address: 3400 N. LECANTO HWY
City-St-Zip: BEVERLY HILLS, FL 34465

Title: T (X) Change () Addition
Name: PATEL, BHADRESH K
Address: 3745 N. LECANTO HWY #3
City-St-Zip: BEVERLY HILLS, FL 34465

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

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: MARIANANDA KUMAR

S

01/11/2009

Electronic Signature of Signing Officer or Director

_____ Date