2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2007
Secretary of State

DOCUMENT# P97000059473

Entity Name: MUKUL GARG, M.D., P.A.

Current Principal Place of Business:

FLORIDA HOSPITAL ORMOND MEMORIAL
875 STERTHAUS AVE
ORMOND BEACH, FL 32174

New Principal Place of Business:

Current Mailing Address:

FLORIDA HOSPITAL ORMOND MEMORIAL
875 STERTHAUS AVE
ORMOND BEACH, FL 32174

New Mailing Address:

FEI Number: 59-3476993 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GARG, MUKUL
3000 NORTH ATLANTIC AVE UNIT 8
DAYTONA BEACH, FL 32118 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: D ( ) Delete
Name: GARG, MUKUL M.D.
Address: 3000 NORTH ATLANTIC AVE APT 8
City-St-Zip: DAYTONA BEACH, FL 32118

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MD (X) Change ( ) Addition
Name: GARG, MUKUL
Address: 3000 NORTH ATLANTIC AVE APT 8
City-St-Zip: DAYTONA BEACH, FL 32118

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: MUKUL GARG MD 04/03/2007
Electronic Signature of Signing Officer or Director Date