

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000059473

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

FILED
Apr 03, 2008
Secretary of State

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:

3000 NORTH ATLANTIC AVENUE
UNIT 8
DAYTONA BEACH, FL 32118

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

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: MUKUL GARG

MD

04/03/2008

Electronic Signature of Signing Officer or Director

Date