

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P97000084959

**FILED**  
**Mar 27, 2012**  
**Secretary of State**

**Entity Name:** PARWATI MADDALI, M.D., PROFESSIONAL ASSOCIATION

**Current Principal Place of Business:**

845 EXECUTIVE LN, SUITE 100  
ROCKLEDGE, FL 32955

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 561527  
ROCKLEDGE, FL 329561527

**New Mailing Address:**

**FEI Number:** 59-3473873

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PALACIOS, FERNANDO M ESQ  
525 EAST STRAWBRIDGE AVENUE  
MELBOURNE, FL 32901 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

**OFFICERS AND DIRECTORS:**

Title: PST  
Name: MADDALI, PARWATI  
Address: 845 EXECUTIVE LANE STE 100  
City-St-Zip: ROCKLEDGE, FL 32955

I hereby 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 all other like empowered.

SIGNATURE: PARWATI MADDALI

PST

03/27/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date