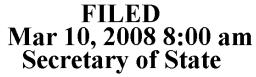
2008 FOR PROFIT CORPORATION ANNUAL REPORT



DOCUMENT # P9700086032 1. Entity Name AJAY K. GOYAL, M.D., P.A.)	03-10-2009	8 90062 (06 ***1	58.75
Principal Place 2011 SOUTH FORT PIERCE	25TH STRE	Mailing Address 2011 SOUTH 25TH STREET, STE 106 FORT PIERCE, FL 34947 US					**************************************				
2. Principal P	lace of Busin	ness - No P.O. Box #	3. Mailing Address								
Suite, Apt.	#. etc.		Suite, Apt. #, etc.				01312008	Chg-P	CR2E034	4 (12/06)	
City & State	9	, , ···	City & State				4. FEI Numb		4	_ 	plied For Applicable
Zip		Country	Zip		Count	try	5. Certificate of Status Desired \$8.75 Additional Fee Required				
Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent					
COVAL A	IAV					Name					
GOYAL, AJAY 2011 SOUTH 25TH STREET, STE 106 FORT PIERCE, FL 34947						Street Address (P.O. Box Number is Not Acceptable)					
						City				Zip Code	
						rL					
the obligat	named entit ions of regis	ly submits this statement fo tered agent.	r the purpose	of changing its	registere	ad office or registi	ered agent, or bo	oth, in the State of Flo	rida. I am fa	miliar with,	and accept
SIGNATURE	Signature, typed	or printed name of registered agent	and lite if applical	ple (NOT	E Registere	d Agent signature requir	red when reinstating)		DATE		
		FEE IS \$150.00 8 Fee will be \$550.		Election Campa Trust Fund Cont			5.00 May Be dded to Fees				
10.		OFFICERS AND	DIRECTORS 11.				ADDITIONS	1 /CHANGES TO OFFI	ICERS AND (DIRECTORS	3 IN 11
TITLE	P Delete TIT					:				☐ Change	Addition
NAME	GOYAL,		NAM								
STREET ADDRESS CITY-ST-ZIP	I	UTH 25TH STREET, ST ERCE, FL 34947	E 106	106 STREI							
TITLE	☐ Delete TITL									☐ Change	☐ Addition
NAME STREET ADDRESS	NAA STR					ET ADDRESS					
CITY-ST-ZIP						-ST-ZIP					
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TITLE NAME]			☐ Delete	TITES	l				Change	Addition Addition
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NAME					NAM						
STREET ADDRESS CITY-ST-ZIP	1					ET ADDRESS - ST ZIP					
	L	ne information supplied with	this filing de	es not qualify for			ed in Chapter 11	9, Florida Statutes. I	further certif	y that the ir	formation
indicated of the cor changed	on this reportion or to or on an att	ne information supplied with ort or supplemental reports the receiver or trustee empli achment with an adoress.	s true and ac owered to ex with all other	curate and that i edute this report ske empowered	my signa s requi	ture shall have the red by Chapter 6	e same legal effe i07, Florida Statut	ct as if made under o es; and that my name	oath; that I an e appears in	n an officer Block 10 or	or director Block 11 if

AJAY K. GOYAL 2/25/08

772-467-1366

Daytime Phone #