

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P97000086032

**Entity Name:** AJAY K. GOYAL, M.D., INC.

**FILED**  
**Mar 24, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

2011 SOUTH 25TH STREET, STE 106  
FORT PIERCE, FL 34947

**New Principal Place of Business:**

**Current Mailing Address:**

2011 SOUTH 25TH STREET, STE 106  
FORT PIERCE, FL 34947

**New Mailing Address:**

**FEI Number:** 65-0800403

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

GOYAL, AJAY  
2011 SOUTH 25TH STREET, STE 106  
FORT PIERCE, FL 34947 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: P  
Name: GOYAL, AJAY  
Address: 2011 SOUTH 25TH STREET, STE 106  
City-St-Zip: FORT PIERCE, FL 34947

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: AJAY GOYAL

PRES

03/24/2012

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

\_\_\_\_\_  
Date