

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000100832

FILED
Apr 20, 2005
Secretary of State

Entity Name: KETI MEDICAL CENTER & PAIN MANAGEMENT INC

Current Principal Place of Business:

4675 LAKE IN THE WOODS DR.
SPRINGHILL, FL 34607

New Principal Place of Business:

Current Mailing Address:

4675 LAKE IN THE WOODS DR.
SPRINGHILL, FL 34607

New Mailing Address:

FEI Number: 59-3478878

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SWAIN, SHYAM
4675 LAKE IN THE WOODS DR.
SPRINGHILL, FL 34607 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: P () Delete
Name: SWAIN, SHYAM
Address: 4675 LAKE IN THE WOODS DR.
City-St-Zip: SPRINGHILL, FL 34607

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 for the exemption stated in Section 119.07(3)(i), 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: SHYAM SWAIN

P

04/20/2005

Electronic Signature of Signing Officer or Director

Date