2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2009
Secretary of State

DOCUMENT# P99000000412

Entity Name: MALLESWARI S. VANGARA, M.D., P.A.

Current Principal Place of Business:

5515 GULF DR STE B
NEW PORT RICHEY, FL 34652

New Principal Place of Business:

Current Mailing Address:

5515 GULF DR STE B
NEW PORT RICHEY, FL 34652

New Mailing Address:

FEI Number: 59-3548708 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GASSMAN, ALAN S ESQ.
1245 COURT STREET, SUITE 102
CLEARWATER, FL 33756 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: D ( ) Delete
Name: VANGARA, MALLESWARI S M.D.
Address: 5352 GULF DRIVE
City-St-Zip: NEW PORT RICHEY, FL 34652

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: VANGARA, MALLESWARI S M.D.
Address: 5515 GULF DRIVE SUITE B
City-St-Zip: NEW PORT RICHEY, FL 34652

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: MALLESWARI VANGARA P 04/07/2009

Electronic Signature of Signing Officer or Director — Date