, 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000026368

1. Entity Name

PAUL D. JAYACHANDRA, M.D., P.A.



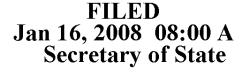
Principal Place of Business

Mailing Address

1680 OSCEOLA ELEM SCHOOL RD STE A SAINT AUGUSTINE, FL 32084 1680 OSCEOLA ELEM SCHOOL RD

STE A

SAINT AUGUSTINE, FL 32084





DO NOT WRITE IN THIS SPACE

01072008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3573936

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SIGNATURE: Kaul D Jayachanda MDPA SIGNATURE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

THE FARAH LAW FIRM, P.A. 8823 SAN JOSE BLVD SUITE 207 JACKSONVILLE, FL 32217

DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the plants of registered agent.	purpose of changing its register	red office or re	gistered agent, or both	n, in the State of Florida. I am familiar with, and ac	ccept
SIGNATURE.	Signature, typed or printed name of registered agent and title	Fapplicable (NOTE: Registere	ed Agent signature	required when reinstating)	DATE	-
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	9. Election Campaign Fina Trust Fund Contribution.		\$5.00 May Be Added to Fees	000000785503 01/17/08-80003-015 150.	.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIRECT PSTD JAYACHANDRA, PAUL D 1680 OSCEOLA ELEM SCHOOL RD SAINT AUGUSTINE, FL 32084					
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE	
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NAME STREET ADDRESS CITY-ST-ZIP				<u> </u>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				and the second s	And the second of the second o	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 19, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.