2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000040708

Entity Name: MUDIT JAIN, M.D., P.A.

FILED Jan 07, 2008 Secretary of State

| Current Principal Place of Business: | | New Principal Place | New Principal Place of Business: | |
|--|----------------------------------|------------------------------------|--|--|
| 300 NW 70 AVENUE | | | | |
| STE 105 PLANTATION, FL 33317 | | | | |
| Current Mailing Address: | | New Mailing Address | New Mailing Address: | |
| 300 NW 70 AVENUE STE 105 PLANTATION, FL 33317 | | | | |
| FEI Number: 65-0916776 | FEI Number Applied For () | FEI Number Not Applicable () | Certificate of Status Desired () | |
| Name and Address of C | urrent Registered Agent: | Name and Address of | ne and Address of New Registered Agent: | |
| SPIEGEL & UTRERA, P./ 343 ALMERIA AVENUE CORAL GABLES, FL 33 | | | | |
| The above named entity s in the State of Florida. | submits this statement for the p | ourpose of changing its registered | d office or registered agent, or both, | |
| SIGNATURE: | | | | |
| Electron | ic Signature of Registered Age | ent | Date | |
| Election Campaign Financing | Trust Fund Contribution (). | | | |
| OFFICERS AND DIRECTORS: | | ADDITIONS/CHANGE | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: | |
| Title: PSTD () Name: JAIN, MUDIT M | Delete D | Title: Name: | () Change () Addition | |

 Intile:
 PSTD
 () Delete

 Name:
 JAIN, MUDIT MD

 Address:
 300 NW 70 AVE

 City-St-Zip:
 PLANTATION, FL 33317

Name: Address: City-St-Zip:

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: MUDIT JAIN, MD PSD 01/07/2008