

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P99000040708

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

**FILED**  
**Jan 11, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

300 NW 70 AVENUE  
STE 105  
PLANTATION, FL 33317

**New Principal Place of Business:**

**Current Mailing Address:**

300 NW 70 AVENUE  
STE 105  
PLANTATION, FL 33317

**New Mailing Address:**

FEI Number: 65-0916776

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SPIEGEL & UTRERA, P.A.  
343 ALMERIA AVENUE  
CORAL GABLES, FL 33134 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: PSTD  
Name: JAIN, MUDIT MD  
Address: 300 NW 70 AVE  
City-St-Zip: PLANTATION, FL 33317

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: MUDIT JAIN

PSTD

01/11/2011

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

\_\_\_\_\_  
Date