

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P99000062928

Entity Name: J. BRAHMATEWARI, M.D.,P.A.

**FILED**  
**Jan 05, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

6301 BISCAYNE BLVD.  
SUITE 200  
MIAMI, FL 33138

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 226411  
MIAMI, FL 331226411

**New Mailing Address:**

FEI Number: 65-0935292

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

BRAHMATEWARI, JUST  
10575 NW 43RD TERRACE  
MIAMI, FL 33178 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: D  
Name: BRAHMATEWARI, JUST  
Address: 10575 NW 43RD TERRACE  
City-St-Zip: MIAMI, FL 33178

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: JB

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

PRES

01/05/2011

\_\_\_\_\_  
Date