

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S20973

FILED  
Apr 01, 2010  
Secretary of State

**Entity Name:** NARENDRA DHARIA M.D., P.A.

**Current Principal Place of Business:**

6049 LADY BET DR  
ORLANDO, FL 32819 US

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 1394  
WINDERMERE, FL 347861394 US

**New Mailing Address:**

**FEI Number:** 59-3042811

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

DHARIA, NARENDRA  
6049 LADY BET DR  
ORLANDO, FL 32819 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: PD  
Name: DHARIA, NARENDRA M.D.  
Address: 6049 LADY BET DR  
City-St-Zip: ORLANDO, FL 32819

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:** NARENDRA DHARIA

PRES

04/01/2010

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

\_\_\_\_\_  
Date