

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 592978

**Entity Name:** MOHAN NARAYANAN, M.D., P.A.

**Current Principal Place of Business:**

810 N MILLS  
ARCADIA, FL 34266

**Current Mailing Address:**

810 N MILLS  
P O BOX 548  
ARCADIA, FL 34266

**FEI Number:** 59-1858014

**Certificate of Status Desired:** No

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

NARAYANAN, MOHAN  
810 N MILLS  
ARCADIA, FL 34266 US

*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

**Officer/Director Detail :**

Title PSTD  
Name NARAYANAN, MOHAN  
Address 3399 SE CR 760  
City-State-Zip: ARCADIA FL

*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:** MOHAN NARAYANAN

**PRESIDENT**

**04/24/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date