

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 657672

**Entity Name:** M.K. ACHARYA, M.D., P.A.

**Current Principal Place of Business:**

14134 NEPHRON LANE  
HUDSON, FL 34667

**Current Mailing Address:**

14134 NEPHRON LANE  
HUDSON, FL 34667

**FEI Number:** 59-1984302

**Certificate of Status Desired:** No

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

ACHARYA, M.K., M.D.  
14134 NEPHRON LANE  
HUDSON, FL 34667 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            DPS  
Name            ACHARYA, M. K., M.D.  
Address        14134 NEPHRON LANE  
City-State-Zip: HUDSON 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:** MK ACHARYA

MD

03/18/2015

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

\_\_\_\_\_  
Date