

2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J83564

Entity Name: HYGEIA MEDICAL GROUP, P.A.

Current Principal Place of Business:

% SUSHIL K. ASTHANA
1640 OAKMONT CIRCLE
NICEVILLE, FL 32578

Current Mailing Address:

% SUSHIL K. ASTHANA
1640 OAKMONT CIRCLE
NICEVILLE, FL 32578 US

FEI Number: 59-2830083

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ASTHANA, SUSHIL K.
% SUSHIL K. ASTHANA
1640 OAKMONT CIRCLE
NICEVILLE, FL 32578 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	PRES	Title	S
Name	ASTHANA, SUSHIL K.	Name	ASTHANA, VIRGINIA A.
Address	% SUSHIL K. ASTHANA 1640 OAKMONT CIRCLE	Address	% SUSHIL K. ASTHANA 1640 OAKMONT CIRCLE
City-State-Zip:	NICEVILLE FL 32578	City-State-Zip:	NICEVILLE FL 32578

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: VIRGINIA A. ASTHANA

SECRETARY

04/04/2017

Electronic Signature of Signing Officer/Director Detail

Date