

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# M08208

**Entity Name:** DEEPAK KAPILA, M.D. P.A.

**Current Principal Place of Business:**

7050 NW 4TH STREET #102  
PLANTATION, FL 33317

**Current Mailing Address:**

7050 NW 4TH STREET #102  
PLANTATION, FL 33317

**FEI Number:** 59-2490471

**Certificate of Status Desired:** No

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

KAPILA, DEEPAK  
7050 NW 4TH ST., #102  
PLANTATION, FL 33317 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 DR  
Name KAPILA, DEEPAK  
Address 7050 NW 4TH ST., #102  
City-State-Zip: PLANTATION FL 33317

*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:** DEEPAK KAPILA

DEEPAK KAPILA MD PA

02/05/2024

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

\_\_\_\_\_  
Date