

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000087786

Entity Name: GIRA S. SHAH, M.D., P.A.

Current Principal Place of Business:

203 S SEMINOLE AVE
INVERNESS, FL 34452

Current Mailing Address:

203 S SEMINOLE AVE
INVERNESS, FL 34452 US

FEI Number: 20-0154943

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SHAH, GIRA SM.D.
203 S SEMINOLE AVE
INVERNESS, FL 34452 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 DPST
Name SHAH, GIRA SM.D.
Address 3615 W SHADOW CREEK LOOP
City-State-Zip: LECANTO FL 34461

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: GIRA S SHAH

PRESIDENT

04/16/2014

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date