## 2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000121396

Entity Name: NEERU ARORA MD P.A.

**Current Principal Place of Business:** 

3849 TIMUQUANA ROAD JACKSONVILLE, FL 32210

**Current Mailing Address:** 

3849 TIMUQUANA ROAD JACKSONVILLE, FL 32210

FEI Number: 20-3421779 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ARORA, NEERU 3849 TIMUQUANA ROAD JACKSONVILLE, FL 32210 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

FILED Mar 20, 2014

**Secretary of State** 

CC4736556642

## Officer/Director Detail:

Title D

Name ARORA, NEERU

Address 3849 TIMUQUANA ROAD
City-State-Zip: JACKSONVILLE FL 32210

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.

Electronic Signature of Signing Officer/Director Detail

SIGNATURE: NEERU ARORA

**PRESIDENT** 

03/20/2014

Date