

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000091546

Entity Name: SHIBU VARUGHESE, M.D., P.A.

Current Principal Place of Business:

4399 N NOB HILL RD
SUNRISE, FL 33351

Current Mailing Address:

4760 SW 66TH TER
EAST WING
DAVIE, FL 33314

FEI Number: 27-1267459

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

VARUGHESE, SHIBU M.D.
4760 SW 66TH TER
EAST WING
DAVIE, FL 33314 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	VP
Name	VARUGHESE, SHIBU M.D.	Name	VARUGHESE, AMY GM.D.
Address	433 FAIRFIELD AVE	Address	433 FAIRFIELD AVE
City-State-Zip:	GRETNA LA 70056	City-State-Zip:	GRETNA LA 70056

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: VARUGHESE , SHIBU M.D.

P

04/28/2013

Electronic Signature of Signing Officer/Director Detail

Date