

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000048964

**Entity Name:** BRANDON-RIVERVIEW MEDICAL ASSOCIATES, P.A.

**Current Principal Place of Business:**

519-A EAST BLOOMINGDALE AVE.  
BRANDON, FL 33511

**Current Mailing Address:**

519-A EAST BLOOMINGDALE AVE.  
BRANDON, FL 33511

**FEI Number:** 45-2610300

**Certificate of Status Desired:** No

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

SANDHU, RAVNEET K  
519-A EAST BLOOMINGDALE AVE.  
BRANDON, FL 33511 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 D  
Name SANDHU, RAVNEET K  
Address 519-A EAST BLOOMINGDALE AVE.  
City-State-Zip: BRANDON FL 33511

Title D  
Name SANDHU, JAGDEEP S  
Address 519-A EAST BLOOMINGDALE AVE.  
City-State-Zip: BRANDON FL 33511

*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:** RAVNEET SANDHU

D

04/23/2015

Electronic Signature of Signing Officer/Director Detail

Date