

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000073184

**FILED**  
**Apr 05, 2013**  
**Secretary of State**  
**CC5355900154**

**Entity Name:** ZAMIP PATEL, MD UROLOGY AND ANDROLOGY CONSULTING, P.A.

**Current Principal Place of Business:**

5719 EMERSON POINTE WAY  
ORLANDO, FL 32819

**Current Mailing Address:**

5719 EMERSON POINTE WAY  
ORLANDO, FL 32819 US

**FEI Number: 45-3012027**

**Certificate of Status Desired: No**

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

JAMBUSARIA, AMI  
5719 EMERSON POINTE WAY  
ORLANDO, FL 32819 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 MR.  
Name PATEL, ZAMIP  
Address 5719 EMERSON POINTE WAY  
City-State-Zip: ORLANDO FL 32819

Title MRS.  
Name JAMBUSARIA, AMI H  
Address 5719 EMERSON POINTE WAY  
City-State-Zip: ORLANDO FL 32819

*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: AMI JAMBUSARIA

MRS.

04/05/2013

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

\_\_\_\_\_  
Date