

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P15000062227

Entity Name: AMIT VIJAPURA MD PA

Current Principal Place of Business:

9141 CYPRESS GREEN DR. SUITE # 1
JACKSONVILLE, FL 32256

Current Mailing Address:

8236 CHESTER LAKE RD N
JACKSONVILLE, FL 32256 US

FEI Number: 47-4627594

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

VIJAPURA, AMIT
8236 CHESTER LAKE RD N
JACKSONVILLE, FL 32256 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 P
Name VIJAPURA, AMIT
Address 9141 CYPRESS GREEN DR. SUITE # 1

City-State-Zip: JACKSONVILLE FL 32256

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: AMIT VIJAPURA

PRINCIPAL

03/06/2016

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date