

**2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# V03635

**Entity Name:** SHAKTI NARAIN, M.D., P.A.

**Current Principal Place of Business:**

1070 FLAGLER AVE  
LEESBURG, FL 34748

**Current Mailing Address:**

1070 FLAGLER AVE  
LEESBURG, FL 34748 US

**FEI Number:** 59-3106843

**Certificate of Status Desired:** No

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

NARAIN, SHAKTI, M.D.  
1070 FLAGLER AVE  
LEESBURG, FL 34748 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            NARAIN, SHAKTI  
Address        1070 FLAGLER AVE  
City-State-Zip: LEESBURG FL 34748

*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:** SHAKTI NARAIN

**PRESIDENT**

**03/26/2021**

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

\_\_\_\_\_  
Date