

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# V52127

**Entity Name:** MANGESH PATEL, M.D., P.A.

**Current Principal Place of Business:**

PALM RIVER MED CENTER  
1030 S 78TH STREET  
TAMPA, FL 33619-4750

**Current Mailing Address:**

PALM RIVER MED CENTER  
1030 S 78TH STREET  
TAMPA, FL 33619-4750 US

**FEI Number:** 59-3201232

**Certificate of Status Desired:** No

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

PATEL, MANGESH BMD  
PALM RIVER MEDICAL CENTER  
1030 S 78TH STREET  
TAMPA, FL 33619-4750 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 DR  
Name PATEL, MANGESH B  
Address 1030 S 78TH STREET  
City-State-Zip: TAMPA FL 33619-4750

*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:** MANGESH B. PATEL

DR

03/19/2014

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

\_\_\_\_\_  
Date