

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F71348

FILED  
Apr 19, 2010  
Secretary of State

Entity Name: BALA K. RAO, M.D., P.A.

**Current Principal Place of Business:**

% BALA K. RAO, M.D.  
13801 N BRUCE B. DOWNS BLVD #302  
TAMPA, FL 33613

**New Principal Place of Business:**

**Current Mailing Address:**

% BALA K. RAO, M.D.  
13801 N BRUCE B. DOWNS BLVD #302  
TAMPA, FL 33613

**New Mailing Address:**

FEI Number: 59-2165873      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

RAO (BALA K.), M.D.  
13801 N BRUCE B DOWNS BLVD., #302  
TAMPA, FL 33613      US

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

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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: RAO, BALA K M.D.  
Address: 13801 N BRUCE B DOWNS BV #302  
City-St-Zip: TAMPA, FL 33613

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: BALA K. RAO, MD

PRES

04/19/2010

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date