

2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F71348

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

Current Principal Place of Business:

% BALA K. RAO, M.D.
919 CONFERENCE DRIVE 4-255
GOODLETTSVILLE, TN 37072

Current Mailing Address:

% BALA K. RAO, M.D.
919 CONFERENCE DRIVE 4-255
GOODLETTSVILLE, TN 37072 US

FEI Number: 59-2165873

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

RAO, BALA K
3701 WEST AZEELE STREET
TAMPA, FL 33609 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 PD
Name RAO, BALA KM.D.
Address 919 CONFERENCE DRIVE
4-255
City-State-Zip: GOODLETTSVILLE TN 37072

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

PRESIDENT

02/03/2017

Electronic Signature of Signing Officer/Director Detail

Date