2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 24, 2012
Secretary of State

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Entity Name: LARRAURI, KLITENICK AND SMITH, M.D., P.A.

Current Principal Place of Business:

C/O JUAN M. LARRAURI
3136 NORTHSIDE DR.
KEY WEST, FL 33040

New Principal Place of Business:

Current Mailing Address:

C/O JUAN M. LARRAURI
3136 NORTHSIDE DR.
KEY WEST, FL 33040

New Mailing Address:

FEI Number: 59-2206188 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LARRAURI, JUAN M
3136 NORTHSIDE DR.
KEY WEST, FL 33040 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

OFFICERS AND DIRECTORS:

Title: PD
Name: LARRAURI, JUAN M.
Address: 3136 NORTHSIDE DRIVE
City-St-Zip: KEY WEST, FL

Title: DV
Name: KLITENICK, MICHAEL
Address: 3136 NORTHSIDE DRIVE
City-St-Zip: KEY WEST, FL 33040

Title: TSD
Name: SMITH, RHODA M
Address: 3136 NORTHSIDE DRIVE
City-St-Zip: KEY WEST, FL 33040

Title: OM
Name: RIVERO, SUSANA T
Address: 3136 NORTHSIDE DR.
City-St-Zip: KEY WEST, FL 33040

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: SUSANA RIVERO OM 02/24/2012

Electronic Signature of Signing Officer or Director Date