

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000048354

FILED  
Apr 20, 2011  
Secretary of State

**Entity Name:** ALDANA MEDICAL SERVICES, P.A.

**Current Principal Place of Business:**

16221 SW 44TH TERR.  
MIAMI, FL 33185 US

**New Principal Place of Business:**

**Current Mailing Address:**

16221 SW 44TH TERR.  
MIAMI, FL 33185 US

**New Mailing Address:**

FEI Number: 65-1099875

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ALDANA, LUIS F  
16221 SW 44TH TERRACE  
MIAMI, FL 33185 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: ALDANA, LUIS F  
Address: PO BOX 941418  
City-St-Zip: MIAMI, FL 33185

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: LUIS ALDANA

PD

04/20/2011

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

\_\_\_\_\_ Date