

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000066301

FILED  
Jan 05, 2012  
Secretary of State

Entity Name: ALICE R. BARBA, M.D., P.A.

**Current Principal Place of Business:**

4770 BISCAYNE BLVD #1140  
MIAMI, FL 33137

**New Principal Place of Business:**

**Current Mailing Address:**

4770 BISCAYNE BLVD #1140  
MIAMI, FL 33137

**New Mailing Address:**

FEI Number: 65-1119078

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

BARBA, ALICE R MD  
4770 BISCAYNE BOULEVARD #1140  
MIAMI, FL 33137 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: DR.  
Name: BARBA, ALICE R  
Address: 877 NE 73RD STREET  
City-St-Zip: MIAMI, FL 33138 US

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: ALICE BARBA

PRES

01/05/2012

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

\_\_\_\_\_ Date