

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000076127

FILED
Feb 07, 2011
Secretary of State

Entity Name: MARK W. LASTARZA, M.D., PA.

Current Principal Place of Business:

335 CLYDE MORRIS BLVD
STE 290
ORMOND BEACH, FL 32174 US

New Principal Place of Business:

Current Mailing Address:

335 CLYDE MORRIS BLVD
STE 290
ORMOND BEACH, FL 32174 US

New Mailing Address:

FEI Number: 59-3733086 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

LASTARZA, MARK
335 CLYDE MORRIS BLVD
STE 290
ORMOND BEACH, FL 32174 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: D
Name: LASTARZA, MARK W
Address: 335 CLYDE MORRIS BLVD, SUITE 290
City-St-Zip: ORMOND BEACH, FL 32174 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: MARK W. LASTARZA

_____ Electronic Signature of Signing Officer or Director

DR.

02/07/2011

_____ Date