

2011 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Apr 20, 2011
Secretary of State

Entity Name: FLORIDA CRANIOFACIAL INSTITUTE, P.A.

Current Principal Place of Business:

304 S MACDILL AVE
TAMPA, FL 33609

New Principal Place of Business:

Current Mailing Address:

304 S MACDILL AVE
TAMPA, FL 33609

New Mailing Address:

FEI Number: 22-3923165

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RICALDE, PAT
3590 BELLEVISTA DRIVE EAST
SAINT PETERSBURG, FL 33706 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: PSD
Name: RICALDE, PAT
Address: 3590 BELLE VISTA DRIVE EAST
City-St-Zip: ST PETERSBURG BEACH, FL 33706

Title: VPTD
Name: RICALDE, RUSSELL
Address: 3590 BELLE VISTA DRIVE EAST
City-St-Zip: ST PETERSBURG BEACH, FL 33706

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: PAT RICALDE

PRES

04/20/2011

Electronic Signature of Signing Officer or Director

Date