

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000085858

FILED  
Sep 08, 2010  
Secretary of State

**Entity Name:** LOUIS M STARACE M.D., P.A.

**Current Principal Place of Business:**

6231 PGA BLVD #104  
SUITE #123  
PALM BEACH GARDENS, FL 33418

**New Principal Place of Business:**

**Current Mailing Address:**

6231 PGA BLVD #104  
SUITE #123  
PALM BEACH GARDENS, FL 33418

**New Mailing Address:**

**FEI Number:** 26-3382863      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

STARACE, LOUIS M M.D.  
115 TALAVERA PLACE  
PALM BEACH GARDENS, FL 33418    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: STARACE, LOUIS M.D.  
Address: 6231 PGA BLVD SUITE 123  
City-St-Zip: PALM BEACH GARDENS, FL 33418

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: LOUIS M. STARACE

PRES

09/08/2010

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

\_\_\_\_\_ Date