

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000100883

Entity Name: ALICIA ACON, M.D., P.A.

FILED  
Apr 19, 2012  
Secretary of State

**Current Principal Place of Business:**

12163 S.W. 4TH STREET  
PEMBROKE PINES, FL 33025

**New Principal Place of Business:**

**Current Mailing Address:**

12163 S.W. 4TH STREET  
PEMBROKE PINES, FL 33025

**New Mailing Address:**

FEI Number: 27-1501242

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ARTHUR PALERMO JR CPA  
9720 STIRLING ROAD  
SUITE 203  
COOPER CITY, FL 33024 US

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

ALICIA ACON  
12163 S.W. 4TH STREET  
PEMBROKE PINES, FL 33025 US

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: ALICIA ACON

04/19/2012

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: ACON, ALICIA  
Address: 12163 S.W. 4TH STREET  
City-St-Zip: PEMBROKE PINES, FL 33025

Title: VP  
Name: JONES, RICHARD  
Address: 12163 SW 4TH STREET  
City-St-Zip: PEMBROKE PINES, FL 33025

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: ALICIA ACON

P

04/19/2012

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

\_\_\_\_\_  
Date