

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P11000018858

**FILED**  
**Feb 12, 2012**  
**Secretary of State**

**Entity Name:** PUBBI MEDICAL SERVICES, P.A.

**Current Principal Place of Business:**

2617 OAKGROVE AVE  
ST AUGUSTINE, FL 32092

**New Principal Place of Business:**

**Current Mailing Address:**

2617 OAKGROVE AVE  
ST AUGUSTINE, FL 32092

**New Mailing Address:**

**FEI Number:** 27-5130670

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CONTEGA BUSINESS SERVICES, LLC  
ONE INDEPENDENT DRIVE STE 1200  
JACKSONVILLE, FL 32202 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:** DIR  
**Name:** PUBBI MEDICAL SERVICES, P.A.  
**Address:** 2617 OAKGROVE AVE.  
**City-St-Zip:** ST. AUGUSTINE, FL 32092 US

**Title:** DIR  
**Name:** PUBBI MEDICAL SERVICES, P.A.  
**Address:** 2617 OAKGROVE AVE.  
**City-St-Zip:** ST. AUGUSTINE, FL 32092 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: DINESH PUBBI

DIR

02/12/2012

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

\_\_\_\_\_  
Date