

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P11000043965

FILED  
Apr 27, 2012  
Secretary of State

Entity Name: ALEX DRUIF D.O., PA

**Current Principal Place of Business:**

7501 SW 37 COURT  
DAVIE, FL 33314 US

**New Principal Place of Business:**

**Current Mailing Address:**

7501 SW 37 COURT  
DAVIE, FL 33314 US

**New Mailing Address:**

FEI Number: 45-2152062      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

VILLEGAS, FRANCISCO J  
100 ALMERIA AVENUE  
SUITE 200  
CORAL GABLES, FL 33134 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: PRES  
Name: DRUIF, ALEXANDER G  
Address: 7501 SW 37 COURT  
City-St-Zip: DAVIE, FL 33314 US

Title: TRES  
Name: DRUIF, ALEXANDER G  
Address: 7501 SW 37 COURT  
City-St-Zip: DAVIE, FL 33314 US

Title: DIR  
Name: DRUIF, ALEXANDER G  
Address: 7501 SW 37 COURT  
City-St-Zip: DAVIE, FL 33314 US

Title: VP  
Name: MICHAELIDES, PAMELA  
Address: 7501 SW 37 COURT  
City-St-Zip: DAVIE, FL 33314 US

Title: SEC  
Name: MICHAELIDES, PAMELA  
Address: 7501 SW 37 COURT  
City-St-Zip: DAVIE, FL 33314 US

Title: DIR  
Name: MICHAELIDES, PAMELA  
Address: 7501 SW 37 COURT  
City-St-Zip: DAVIE, FL 33314 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: ALEXANDER DRUIF

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04/27/2012

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

\_\_\_\_\_ Date