

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000029970

FILED
Mar 15, 2011
Secretary of State

Entity Name: SALAZAR, SANTIAGO, VILLEGAS, SABATES & CABRAL, P.A.

Current Principal Place of Business:

6705 RED ROAD
SUITE 504
CORAL GABLES, FL 33143

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 430980
MIAMI, FL 33243

New Mailing Address:

FEI Number: 65-0824084

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SALAZAR, JUAN MD
6705 RED ROAD
SUITE 504
CORAL GABLES, FL 33143 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: P
Name: SALAZAR, JUAN
Address: 6705 RED ROAD STE 504
City-St-Zip: CORAL GABLES, FL 33143

Title: VP
Name: SANTIAGO, CARLOS
Address: 6705 RED ROAD STE 504
City-St-Zip: CORAL GABLES, FL 33143

Title: S
Name: VILLEGAS, SERGIO
Address: 6705 RED ROAD STE 504
City-St-Zip: CORAL GABLES, FL 33143

Title: M
Name: SABATES, BRAULIO
Address: 6705 RED ROAD STE 504
City-St-Zip: CORAL GABLES, FL 33143

Title: M
Name: CABRAL, AMADEO H DR
Address: 6705 RED ROAD STE 504
City-St-Zip: CORAL GABLES, FL 33143

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: JUAN SALAZAR, M.D.

P

03/15/2011

Electronic Signature of Signing Officer or Director

_____ Date