

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V60449

**FILED**  
**May 02, 2012**  
**Secretary of State**

**Entity Name:** CHARLES A. VILLOCH CARDIOLOGY, M.D., P.A.

**Current Principal Place of Business:**

2075 SW 27TH AVE  
SECOND FLOOR  
MIAMI, FL 33145 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 451205  
MIAMI, FL 33245 US

**New Mailing Address:**

FEI Number: 65-0349207      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

VILLOCH, CHARLES A MD PA  
2075 S.W. 27TH AVE SECOND FLOOR  
MIAMI, FL 33145 US

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

VILLOCH, CHARLES A MD PA  
2075 S.W. 27TH AVE  
SECOND FLOOR  
MIAMI, FL 33145 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: CHARLES A VILLOCH

Electronic Signature of Registered Agent

05/02/2012

Date

**OFFICERS AND DIRECTORS:**

Title: MD  
Name: VILLOCH, CHARLES A MD  
Address: 11050 OLD CUTLER RD  
City-St-Zip: CORAL GABLES, FL 33156 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: CHARLES A VILLOCH

Electronic Signature of Signing Officer or Director

PRES

05/02/2012

Date