

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000015072

**Entity Name:** ARLENE S. WALLACH, P.A.

**Current Principal Place of Business:**

5870  
FLAMINGO ROAD  
COOPER CITY, FL 33330

**Current Mailing Address:**

5870  
FLAMINGO ROAD  
COOPER CITY, FL 33330

**FEI Number:** 20-0652263

**Certificate of Status Desired:** No

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

FARAH, CARLOS MCPA  
999 PONCE DE LEON BLVD., #625  
CORAL GABLES, FL 33134 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:**

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

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title DPST  
Name WALLACH, ARLENE S  
Address 13335 SW 43 STREET  
City-State-Zip: DAVIE FL 33330

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:** ARLENE S. WALLACH

**PRESIDENT**

**04/03/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date