

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 474890

FILED  
Feb 17, 2011  
Secretary of State

**Entity Name:** ABELARDO V. LACANO, M.D., P.A.

**Current Principal Place of Business:**

300 FORTENBERRY ROAD  
MERRITT ISLAND, FL 32952

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 541801  
MERRITT ISLAND, FL 32954 US

**New Mailing Address:**

FEI Number: 59-1586241

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

LACANO M.D., ABELARDO V.  
300 FORTENBERRY ROAD  
MERRITT ISLAND, FL 32952 US

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

LACANO M.D., ABELARDO V.  
6091 NORTH TROPICAL TRAIL  
MERRITT ISLAND, FL 32953 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

02/17/2011

Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: LACANO,ABELARDO V  
Address: 5091 NORTH TROPICAL TRAIL  
City-St-Zip: MERRITT ISLAND, FL 32953

Title: SD  
Name: LACANO,SANDRA  
Address: 6091 NORTH TROPICAL TRAIL  
City-St-Zip: MERRITT ISLAND, FL 32953

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: SANDRA LACANO

SD

02/17/2011

Electronic Signature of Signing Officer or Director

Date