

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 548326

FILED  
Jun 19, 2012  
Secretary of State

**Entity Name:** CHARLES A. MORGAN, M.D., P.A.

**Current Principal Place of Business:**

380 SEMORAN COMMERCE PLACE  
SUITE 210  
APOPKA, FL 32703 US

**New Principal Place of Business:**

**Current Mailing Address:**

POST OFFICE BOX 2555  
APOPKA, FL 32704 US

**New Mailing Address:**

**FEI Number:** 59-1768916

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

MORGAN, CHARLES A.  
1170 LEXINGTON PKWY  
APOPKA, FL 32712 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: DR.  
Name: MORGAN, CHARLES A.  
Address: 1170 LEXINGTON PKWY  
City-St-Zip: APOPKA, FL 32712

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. MORGAN

DR.

06/19/2012

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

\_\_\_\_\_  
Date