

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 577481

**FILED**  
**Feb 17, 2011**  
**Secretary of State**

**Entity Name:** EFRAIN CAMARA, M.D., P.A.

**Current Principal Place of Business:**

4811 W 4TH AVE  
HIALEAH, FL 33012

**New Principal Place of Business:**

**Current Mailing Address:**

4811 W 4TH AVE  
HIALEAH, FL 33012

**New Mailing Address:**

**FEI Number:** 59-1822538

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

EMANUEL, JOSEPH  
7300 NO. KENDALL DR.  
MIAMI, FL 33156 US

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

COLBERT, BOUE AND JUNCADELLA ,P.A.  
3001 PONCE DE LEON BOULEVARD  
211  
CORAL, 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: MIGUEL M. JUNDACELLA, C.P.A.

02/17/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: CAMARA, EFRAIN  
Address: 4811 W. 4TH AVENUE  
City-St-Zip: HIALEAH, FL

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: EFRAIN CAMARA, M.D.

P

02/17/2011

Electronic Signature of Signing Officer or Director

Date