

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 600276

FILED  
Jul 27, 2011  
Secretary of State

**Entity Name:** POOLE AND VILLANI, M.D.'S, P.A.

**Current Principal Place of Business:**

4300 ALTON ROAD  
MIAMI BCH, FL 33140

**New Principal Place of Business:**

4308 ALTON ROAD  
SUITE 870  
MIAMI BEACH, FL 33140

**Current Mailing Address:**

4300 ALTON ROAD  
MIAMI BCH, FL 33140

**New Mailing Address:**

4308 ALTON ROAD  
SUITE 870  
MIAMI BCH, FL 33140

**FEI Number:** 59-1174369

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

POOLE, TAYLOR G MD  
4300 ALTON ROAD  
MIAMI, FL 33140 US

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

POOLE, TAYLOR G MD  
4308 ALTON ROAD  
SUITE 870  
MIAMI BEACH, FL 33140 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

07/27/2011

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: POOLE, TAYLOR G M.D.  
Address: 4308 ALTON ROAD SUITE 870  
City-St-Zip: MIAMI BEACH, FL 33140

Title: VPD  
Name: VILLANI, LUIS D MD  
Address: 4308 ALTON ROAD #870  
City-St-Zip: MIAMI BEACH, FL 33140

Title: ST  
Name: ROSENBLUM-PEREZ, CAROL  
Address: 4308 ALTON ROAD #870  
City-St-Zip: MIAMI BEACH, FL 33140

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: TAYLOR G. POOLE, M.D.

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

PD

07/27/2011

\_\_\_\_\_  
Date