

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 604794

FILED
Feb 02, 2011
Secretary of State

Entity Name: ANGELO M. ALVES M.D., P.A.

Current Principal Place of Business:

5880 49 ST. NORTH SUITE 108
ST. PETERSBURG, FL 33709

New Principal Place of Business:

Current Mailing Address:

5880 49 ST. NORTH SUITE 108
ST. PETERSBURG, FL 33709

New Mailing Address:

FEI Number: 59-1488950

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALVES (ANGELO M.) M.D.
5880 49TH ST. NO. SUITE 108
ST. PETERSBURG, FL 33709 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: PD
Name: ALVES, ANGELO
Address: 5880 49TH ST N.
City-St-Zip: ST PETERSBURG, 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: ANGELO M ALVES MD

PD

02/02/2011

Electronic Signature of Signing Officer or Director

Date