

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 605074

FILED
Feb 10, 2012
Secretary of State

Entity Name: TERRENCE A. CRONIN, M.D., F.A.C.D., CH.O., CHARTERED

Current Principal Place of Business:

1399 S HARBOR CITY BLVD
MELBOURNE, FL 32901

New Principal Place of Business:

Current Mailing Address:

1399 S HARBOR CITY BLVD
MELBOURNE, FL 32901

New Mailing Address:

FEI Number: 59-1519688

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NOLAN, JOSEPH J
1674 WILLIAMSBURG SQUARE
LAKELAND, FL 33803 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: VD
Name: CRONIN, TERRENCE A. JR
Address: 150 S RIVERSIDE DR
City-St-Zip: MELBOURNE BEACH, FL 32951

Title: TD
Name: HUBBARD, KATHLEEN
Address: 1438 S RIVERSIDE DR
City-St-Zip: INDIALANTIC, FL 32903

Title: PD
Name: CRONIN, TERRENCE A.
Address: 495 SPOONBILL LANE
City-St-Zip: MELBOURNE BEACH, FL

Title: SD
Name: CRONIN, KATHLEEN
Address: 495 SPOONBILL LN
City-St-Zip: MELBOURNE BCH, 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: TERRENCE A CRONIN SR

PD

02/10/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date