

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 623752

FILED  
May 01, 2010  
Secretary of State

**Entity Name:** GUILLERMO CADENA, M.D., P.A.

**Current Principal Place of Business:**

22770 SKYVIEW CRICLE  
BROOKSVILLE, FL 34602

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 10222  
BROOKSVILLE, FL 34603

**New Mailing Address:**

FEI Number: 59-1909741

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CADENA, GUILLERMO, M.D., PA  
22770 SKYVIEW CIRCLE  
BROOKSVILLE, FL 34602 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: CADENA, GUILLERMO, M.D., PA  
Address: 22770 SKYVIEW CIRCLE  
City-St-Zip: BROOKSVILLE, FL 34602

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: GUILLERMO M CADENA, MD, PA

PRES

05/01/2010

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

\_\_\_\_\_ Date