

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 643917

FILED  
Jan 04, 2011  
Secretary of State

**Entity Name:** ADEL A. KALLINI, M.D., P.A.

**Current Principal Place of Business:**

440 E. SAMPLE RD.  
SUITE 101  
POMPANO BEACH, FL 33064 US

**New Principal Place of Business:**

**Current Mailing Address:**

440 E. SAMPLE RD.  
SUITE 101  
POMPANO BEACH, FL 33064 US

**New Mailing Address:**

**FEI Number:** 59-1948705      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

KALLINI, ADEL A., M.D.  
16437 BRIDLEWOOD CIRCLE  
DELRAY BEACH, FL 33445 US

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

KALLINI, ADEL A., M.D.  
16437 BRIDLEWOOD CIRCLE  
SUITE 101  
DELRAY BEACH, FL 33445 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

01/04/2011

Date

**OFFICERS AND DIRECTORS:**

Title: PDT  
Name: KALLINI, ADEL  
Address: 440 E. SAMPLE RD., SUITE 101  
City-St-Zip: POMPANO BEACH, FL 33064

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: ADEL KALLINI

Electronic Signature of Signing Officer or Director

PDT

01/04/2011

Date