

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 657783

FILED  
Jan 04, 2011  
Secretary of State

**Entity Name:** OSVALDO CONTARINI, M.D., P.A.

**Current Principal Place of Business:**

3636 UNIVERSITY BLVD SOUTH  
BLDG. B  
JACKSONVILLE, FL 32216 US

**New Principal Place of Business:**

**Current Mailing Address:**

6320 WOODVALLEY RD  
JACKSONVILLE, FL 32217 US

**New Mailing Address:**

**FEI Number:** 59-1970543

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CONTARINI, OSVALDO, M.D.  
3636 UNIVERSITY BLVD SOUTH  
BLDG. B  
JACKSONVILLE, FL 32216 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:** CONTARINI, OSVALDO  
**Address:** 3636 UNIVERSITY BLVD S. BLDG. B  
**City-St-Zip:** JACKSONVILLE, FL 32216 US

**Title:** STD  
**Name:** CONTARINI, ARACELIS  
**Address:** 3636 UNIVERSITY BLVD S. BLDG. B  
**City-St-Zip:** JACKSONVILLE, FL 32216 US

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:** ARACELIS S. CONTARINI

STD

01/04/2011

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

\_\_\_\_\_  
Date