

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 675828

FILED  
Jan 29, 2012  
Secretary of State

**Entity Name:** RICHARD A. REINES, M.D., P.A.

**Current Principal Place of Business:**

% RICHARD A REINES MD  
4614 HOLLYWOOD BLVD  
HOLLYWOOD, FL 33021

**New Principal Place of Business:**

% RICHARD A REINES MD  
4614 HOLLYWOOD BLVD  
HOLLYWOOD, FL 33021 US

**Current Mailing Address:**

% RICHARD A REINES MD  
4614 HOLLYWOOD BLVD  
HOLLYWOOD, FL 33021

**New Mailing Address:**

% RICHARD A REINES MD  
4614 HOLLYWOOD BLVD  
HOLLYWOOD, FL 33021 US

**FEI Number:** 59-2003554

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

RICHARD A REINES  
4614 HOLLYWOOD BLVD  
HOLLYWOOD, FL 33021 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: PVT  
Name: REINES, RICHARD A  
Address: 5210 NORTH 37TH STREET  
City-St-Zip: HOLLYWOOD, FL 33021 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: RICHARD REINES

PRES

01/29/2012

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

\_\_\_\_\_  
Date