

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 683236

**FILED**  
**Apr 11, 2011**  
**Secretary of State**

**Entity Name:** PERRONE,STEPHEN L., P.A.

**Current Principal Place of Business:**

448 NE 17 WAY  
FORT LAUDERDALE, FL 33301

**New Principal Place of Business:**

**Current Mailing Address:**

4325 WOODLAND PARK DRIVE  
104  
W. MELBOURNE, FL 32904

**New Mailing Address:**

**FEI Number:** 59-2021201

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PERRONE, STEPHEN L  
448 NE 17 WAY  
FT LAUDERDALE, FL 33301 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: DPT  
Name: PERRONE, STEPHEN L  
Address: 448 NE 17 WAY  
City-St-Zip: FT LAUDERDALE, FL 33301

Title: S  
Name: GEORGI, LUCIE  
Address: 4325 WOODLAND PARK DRIVE, SUITE 104  
City-St-Zip: W. MELBOURNE, FL 32904

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: LUCIE GEORGI

S

04/11/2011

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

\_\_\_\_\_  
Date