

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 689338

FILED  
Feb 26, 2010  
Secretary of State

**Entity Name:** TERESITA L. REPIEDAD M.D., P.A.

**Current Principal Place of Business:**

1216 S.E. 24TH ROAD  
OCALA, FL 34471

**New Principal Place of Business:**

**Current Mailing Address:**

1216 S.E. 24TH ROAD  
OCALA, FL 34471

**New Mailing Address:**

FEI Number: 59-2031464

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

REPIEDAD, TERESITA L MD  
1216 S.E. 24TH ROAD  
OCALA, FL 32671 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: REPIEDAD, TERESITA L  
Address: 1216 S.E. 24TH ROAD  
City-St-Zip: Ocala, FL

Title: VP  
Name: REPIEDAD, AGUINALDO V  
Address: 1216 S.E. 24TH ROAD  
City-St-Zip: Ocala, FL

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: TERESITA L. REPIEDAD

PRES

02/26/2010

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

\_\_\_\_\_ Date