

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F51407

**FILED**  
**Apr 17, 2012**  
**Secretary of State**

**Entity Name:** LUIS D. BERRIOS M.D., PA

**Current Principal Place of Business:**

713 E MARION AVENUE  
PUNTA GORDA, FL 33950

**New Principal Place of Business:**

425 CROSS ST  
PUNTA GORDA, FL 33950

**Current Mailing Address:**

425 CROSS ST  
UNIT 311  
PUNTA GORDA, FL 33950 US

**New Mailing Address:**

425 CROSS ST  
PUNTA GORDA, FL 33950

**FEI Number:** 59-2129885

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LUIS D BERRIOS MD PA MONEYPURCHASE PENSION  
425 CROSS ST  
UNIT 311  
PUNTA GORDA, FL 33950 US

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

LUIS D BERRIOS MD PA MONEYPURCHASE PENSION  
425 CROSS ST  
PUNTA GORDA, FL 33950 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

04/17/2012

Date

**OFFICERS AND DIRECTORS:**

Title: DP  
Name: BERRIOS, LUIS D  
Address: 425 CROSS ST  
City-St-Zip: PUNTA GORDA, FL 33950 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: LUIS D BERRIOS

Electronic Signature of Signing Officer or Director

PRES

04/17/2012

Date