

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H38726

FILED  
Mar 12, 2012  
Secretary of State

**Entity Name:** GUY W. TURNER, P.A.

**Current Principal Place of Business:**

2916 S DOUGLAS ROAD  
SUITE 2  
CORAL GABLES, FL 33134

**New Principal Place of Business:**

**Current Mailing Address:**

2916 S DOUGLAS ROAD  
SUITE 2  
CORAL GABLES, FL 33134

**New Mailing Address:**

4516 SW 64 CT  
MIAMI, FL 33155

**FEI Number:** 59-2467659

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GUY W TURNER  
2916 S DOUGLAS ROAD  
SUITE 2  
CORAL GABLES, FL 33134 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: PST  
Name: TURNER, GUY W.  
Address: 2916 S DOUGLAS ROAD SUITE 2  
City-St-Zip: CORAL GABLES, FL 33134

Title: D  
Name: TURNER, GUY W.  
Address: 2916 S DOUGLAS ROAD SUITE 2  
City-St-Zip: CORAL GABLES, FL 33134

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: GUY W TURNER

OFFI

03/12/2012

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

\_\_\_\_\_ Date