

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# H46823

**FILED**  
**Feb 17, 2011**  
**Secretary of State**

**Entity Name:** ANA M. TAMAYO, M.D., P.A.

**Current Principal Place of Business:**

C/O ANA M. TAMAYO, MD  
2472 N UNIVERSITY DR  
PEMBROKE PINES, FL 33024

**New Principal Place of Business:**

**Current Mailing Address:**

C/O ANA M. TAMAYO, MD  
2472 N UNIVERSITY DR  
PEMBROKE PINES, FL 33024

**New Mailing Address:**

**FEI Number:** 59-2496122

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

TAMAYO, ALFRED CPA  
1323 AVOCADO ISLE  
FORT LAUDERDALE, FL 33315 US

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

TAMAYO, ALFRED CPA  
1921 N 55 AVE  
HOLLYWOOD, FL 33021 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

02/17/2011

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: TAMAYO, ANA M., MD  
Address: 2472 N UNIVERSITY DR  
City-St-Zip: PEMBROKE PINES, FL 33024 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: ANA M. TAMAYO

PD

02/17/2011

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

\_\_\_\_\_  
Date