

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J11594

FILED  
Jan 18, 2010  
Secretary of State

**Entity Name:** LUIS MUNOZ, M.D., P.A.

**Current Principal Place of Business:**

262 LEROY GEORGE DR.  
DEPT. OF PATHOLOGY  
CLYDE, NC 28721 US

**New Principal Place of Business:**

**Current Mailing Address:**

208 PARRISH FARM RD  
WAYNESVILLE, NC 28786 US

**New Mailing Address:**

FEI Number: 59-2663316

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

KOSTRO, VICTOR ESQ  
1825 S RIVERVIEW DRIVE  
MELBOURNE, FL 32901 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: PV  
Name: MUNOZ, LUIS A  
Address: 262 LEROY GEORGE DR  
City-St-Zip: CLYDE, NC 28721

Title: S  
Name: MUNOZ, MILLIE  
Address: 208 PARRISH FARM RD  
City-St-Zip: WAYNESVILLE, NC 28786

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 A. MUNOZ, M.D.

PRES

01/18/2010

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

\_\_\_\_\_ Date