

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J27833

FILED  
Mar 16, 2011  
Secretary of State

**Entity Name:** JOSE A. BERRIOS, M.D., P.A.

**Current Principal Place of Business:**

P. O. BOX 105  
VALRICO, FL 33594

**New Principal Place of Business:**

**Current Mailing Address:**

P. O. BOX 105  
VALRICO, FL 33594

**New Mailing Address:**

**FEI Number:** 59-2709004

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BERRIOS, JOSE A., M.D.  
220 S. MOON AVENUE  
BRANDON, FL 33511 US

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

BERRIOS, JOSE A., M.D.  
320 OAKFIELD DRIVE  
D  
BRANDON, FL 33511 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: JOSE A. BERRIOS MD PA

03/16/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PST  
Name: BERRIOS, JOSE A.  
Address: PO BOX 105  
City-St-Zip: VALRICO, FL 33594

Title: D  
Name: BERRIOS, JOSE A.  
Address: PO BOX 105  
City-St-Zip: VALRICO, FL 33594

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: JOSE A. BERRIOS MD PA

PRES

03/16/2011

Electronic Signature of Signing Officer or Director

Date