

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J36521

FILED  
Mar 11, 2010  
Secretary of State

**Entity Name:** EDWIN M. VILLALOBOS M.D., P.A.

**Current Principal Place of Business:**

661 E ALTAMONTE DR  
SUITE 231  
ALTAMONTE SPRINGS, FL 32701 US

**New Principal Place of Business:**

**Current Mailing Address:**

661 E ALTAMONTE DR  
SUITE 231  
ALTAMONTE SPRINGS, FL 32701 US

**New Mailing Address:**

**FEI Number:** 59-2723060      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

VILLALOBOS, EDWIN M.  
661 E ALTAMONTE DR #231  
N TOWER  
ALTAMONTE SPRINGS, FL 32701 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: DP  
Name: VILLALOBOS, EDWIN M.  
Address: 661 E ALTAMONTE DR #231  
City-St-Zip: ALTAMONTE SPRINGS, FL

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: EDWIN M VILLALOBOS

DP

03/11/2010

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date