

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J80919

FILED  
Apr 11, 2011  
Secretary of State

**Entity Name:** MARIO O. LAPLUME, M.D., P.A.

**Current Principal Place of Business:**

90 S.W. 8TH STREET  
SUITE 251  
MIAMI, FL 33130

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 402009  
MIAMI BEACH, FL 33140

**New Mailing Address:**

FEI Number: 59-2827113      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

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

ROVIN, GARY B  
3350 SOUTH DIXIE HIGHWAY  
MIAMI, FL 33156 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: P  
Name: LAPLUME, MARIO O. M.D.  
Address: 1300 CORAL WAY, STE 202  
City-St-Zip: MIAMI, FL 33145

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: MARIO O. LAPLUME

MD

04/11/2011

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

\_\_\_\_\_ Date