

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M06939

FILED  
Apr 25, 2007  
Secretary of State

Entity Name: ARMANDO A. SANTELICES, M.D., P.A.

## Current Principal Place of Business:

212 N.E. 19TH DR.  
OKEECHOBEE, FL 34972 US

## New Principal Place of Business:

10350 W BAY HARBOR DR  
6AB  
BAY HARBOR IS, FL 33154 US

## Current Mailing Address:

P O BOX 54-6554  
BAY HARBOR ISLAND, FL 33154 US

## New Mailing Address:

10350 W BAY HARBOR DR  
6AB  
BAY HARBOR ISLAND, FL 33154 US

FEI Number: 59-2459075

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SANTELICES, ARMANDO A MD  
10350 W BAY HARBOR DR  
SUITE 6AB  
BAY HARBOR ISLANDS, FL 33154 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: D ( ) Delete  
Name: SANTELICES, ARMANDO, A.  
Address: P.O. BOX 54-6554  
City-St-Zip: BAY HARBOR ISLANDS, FL 33154

Title: D ( ) Delete  
Name: SANTELICES, LIDIA  
Address: PO BOX 54-6554  
City-St-Zip: BAY HARBOR ISLANDS, FL 33154

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DR. (X) Change ( ) Addition  
Name: SANTELICES, ARMANDO, A.  
Address: 10350 W BAY HARBOR DR  
City-St-Zip: BAY HARBOR ISLANDS, FL 33154

Title: MRS. (X) Change ( ) Addition  
Name: SANTELICES, LIDIA  
Address: 10350 W BAY HARBOR DR. #6AB  
City-St-Zip: BAY HARBOR ISLANDS, FL 33154

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: LIDIA SANTELICES

MRS

04/25/2007

Electronic Signature of Signing Officer or Director

Date