

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M22129

**FILED**  
**Apr 11, 2012**  
**Secretary of State**

**Entity Name:** ARLENE E. HAYWOOD, M.D., P.A.

**Current Principal Place of Business:**

6971 W. SUNRISE BLVD  
105  
PLANTATION, FL 33313

**New Principal Place of Business:**

**Current Mailing Address:**

6971 W. SUNRISE BLVD  
105  
PLANTATION, FL 33313

**New Mailing Address:**

**FEI Number:** 59-2598153      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

HAYWOOD, ARLENE E.  
6971 W. SUNRISE BLVD  
1058  
PLANTATION, FL 33313 US

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

HAYWOOD, ARLENE E.  
6971 W. SUNRISE BLVD  
105  
PLANTATION, FL 33313 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: \_\_\_\_\_

Electronic Signature of Registered Agent

04/11/2012

Date

**OFFICERS AND DIRECTORS:**

Title: DPTS  
Name: HAYWOOD, ARLENE E.  
Address: 6971 W. SUNRISE BLVE SUITE 105  
City-St-Zip: PLANTATION, FL 33313

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: ARLENE HAYWOOD MD

Electronic Signature of Signing Officer or Director

MD

04/11/2012

Date