

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M93953

FILED  
Feb 20, 2011  
Secretary of State

**Entity Name:** DUCARMEL AUGUSTIN, M.D., P.A.

**Current Principal Place of Business:**

100 N. STATE RD. 7  
204  
MARGATE,, FL 330663

**New Principal Place of Business:**

**Current Mailing Address:**

100 N. STATE RD. 7  
204  
MARGATE,, FL 330663

**New Mailing Address:**

**FEI Number:** 65-0068271

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

AUGUSTIN, DUCARMEL  
100 N. STATE RD. 7  
204  
MARGATE,, FL 33063 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: PVS  
Name: AUGUSTIN, DUCARMEL  
Address: 100 N.STATE ROAD 7 SUITE 204  
City-St-Zip: MARGATE, FL 33063

Title: PVS  
Name: AUGUSTIN, DUCARMEL  
Address: 100 N.STATE ROAD 7 SUITE 204  
City-St-Zip: MARGATE, FL 33063

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: DUCARMEL AUGUSTIN

PVS

02/20/2011

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

\_\_\_\_\_  
Date