

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P00000020284

**FILED**  
**Apr 07, 2011**  
**Secretary of State**

**Entity Name:** MARK BROUDO, M.D., P.A.

**Current Principal Place of Business:**

1100 SW 57TH AVENUE  
SUITE 100  
MIAMI, FL 33144 US

**New Principal Place of Business:**

**Current Mailing Address:**

1100 SW 57TH AVENUE  
SUITE 100  
MIAMI, FL 33144 US

**New Mailing Address:**

**FEI Number:** 65-0986603

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BROUDO, MARK M.D.  
6370 ALLISON ROAD  
MIAMI BEACH, FL 33141 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: DR.  
Name: BROUDO, MARK M.D.  
Address: 6370 ALLISON ROAD  
City-St-Zip: MIAMI BEACH, FL 33141

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: MARK BROUDO

DR

04/07/2011

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

\_\_\_\_\_  
Date