

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000037780

FILED
Apr 26, 2011
Secretary of State

Entity Name: JUSTINO SILVESTRE, M.D. P.A.

Current Principal Place of Business:

3524 TAMIAMI TRAIL
SUITE D
PORT CHARLOTTE, FL 33952

New Principal Place of Business:

3524 TAMIAMI TRAIL
SUITE 201
PORT CHARLOTTE, FL 33952

Current Mailing Address:

P.O.BOX 495550
PORT CHARLOTTE, FL 339495550

New Mailing Address:

FEI Number: 65-0998943

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SILVESTRE, JUSTINO M.D.
3524 TAMIAMI TRAIL
SUITE D
PORT CHARLOTTE, FL 33952 US

Name and Address of New Registered Agent:

SILVESTRE, JUSTINO M.D.
3524 TAMIAMI TRAIL
SUITE 201
PORT CHARLOTTE, FL 33952 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

04/26/2011

Date

OFFICERS AND DIRECTORS:

Title: MD
Name: SILVESTRE, JUSTINO
Address: 3524 TAMIAMI TRAIL, SUITE 201
City-St-Zip: PORT CHARLOTTE, FL 33952

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: JUSTINO SILVESTRE MD

PRES

04/26/2011

Electronic Signature of Signing Officer or Director

Date