

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000039357

FILED  
Mar 14, 2011  
Secretary of State

Entity Name: OTSENRE E. MATOS, M.D., P.A.

## Current Principal Place of Business:

4821 US HWY 19  
SUITE #1  
NEW PORT RICHEY, FL 34652

## New Principal Place of Business:

## Current Mailing Address:

P O BOX 1014  
ELFERS, FL 34680

## New Mailing Address:

FEI Number: 59-3642263

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GOTTLIEB & GOTTLIEB, P.A.  
ATTORNEYS & COUNCELORS AT LAW, 2475 ENTERPR  
ISE RD., STE. 100  
CLEARWATER, FL 33763 US

## Name and Address of New Registered Agent:

JOYCE P MATOS  
4821 US HWY 19  
SUITE 1  
NEW PORT RICHEY, FL 34652 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: JOYCE P MATOS

03/14/2011

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: D  
Name: MATOS, OTSENRE E M.D.  
Address: 4821 US HWY 19, SUITE #1  
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: D  
Name: MATOS, JOYCE P  
Address: 4821 US HWY 19, SUITE #1  
City-St-Zip: NEW PORT RICHEY, FL 34652

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: OTSENRE E MATOS, MD

D

03/14/2011

Electronic Signature of Signing Officer or Director

Date