

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P00000052786

**FILED**  
**Feb 18, 2011**  
**Secretary of State**

**Entity Name:** BLESSILDA B. LIU, M.D., P.A.

**Current Principal Place of Business:**

2623 N FOREST RIDGE BLVD  
HERNANDO, FL 34442

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 640524  
BEVERLY HILLS, FL 34464

**New Mailing Address:**

**FEI Number:** 59-3649487

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LIU, BLESSILDA B  
2623 N FOREST RIDGE BLVD  
HERNANDO, FL 34442 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: PST  
Name: LIU, BLESSILDA B  
Address: 442 S.W. 1ST PLACE  
City-St-Zip: CRYSTAL RIVER, FL 34429

Title: VP  
Name: LIU, ALEXANDER O JR  
Address: 442 S.W. 1ST PLACE  
City-St-Zip: CRYSTAL RIVER, FL 34429

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: BLESSILDA B LIU MD

PST

02/18/2011

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

\_\_\_\_\_  
Date