

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P00000057210

**FILED**  
**Mar 29, 2012**  
**Secretary of State**

**Entity Name:** LAMOUTTE & VERDEJA M.D.S, P.A.

**Current Principal Place of Business:**

1601 W TIMBERLANE DR  
STE 600  
PLANT CITY, FL 33566

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 1090  
PLANT CITY, FL 335641090

**New Mailing Address:**

**FEI Number:** 59-3652605

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

TANCREDO, CHRIS ESQ.  
1306 THONOTOSASSA ROAD  
PLANT CITY, FL 33563 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: D  
Name: LAMOUTTE, CARLOS M.D.  
Address: P.O. BOX 1090  
City-St-Zip: PLANT CITY, FL 335641090

Title: D  
Name: VERDEJA, ANA M M.D.  
Address: P.O. BOX 1090  
City-St-Zip: PLANT CITY, FL 335641090

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: ANA M. VERDEJA

D

03/29/2012

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

\_\_\_\_\_  
Date