

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P00000066109

**FILED**  
**Mar 19, 2012**  
**Secretary of State**

**Entity Name:** GILBERTO ACOSTA PODIATRIST, INC.

**Current Principal Place of Business:**

801 W 48 ST  
STE B  
HIALEAH, FL 33012

**New Principal Place of Business:**

**Current Mailing Address:**

801 W 48 ST  
STE B  
HIALEAH, FL 33012

**New Mailing Address:**

**FEI Number:** 65-1030742

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ACOSTA, GILBERTO  
16720 NW 81 AVE  
HIALEAH, FL 33016 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: P  
Name: ACOSTA, GILBERTO  
Address: 16720 NW 81 AVE  
City-St-Zip: HIALEAH, FL 33016

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: GILBERTO J ACOSTA

P

03/19/2012

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

\_\_\_\_\_  
Date