

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000096003

FILED  
May 02, 2010  
Secretary of State

**Entity Name:** ALEXANDRIA M. ANGELIDES, M.D., P.A.

**Current Principal Place of Business:**

9970 CENTRAL PARK BLVD  
SUITE 206  
BOCA RATON, FL 33428

**New Principal Place of Business:**

**Current Mailing Address:**

9970 CENTRAL PARK BLVD  
SUITE 206  
BOCA RATON, FL 33428

**New Mailing Address:**

FEI Number: 65-1047280

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ANGELIDES, ALEXANDRIA M M.D.  
16405 BRIDLEWOOD CIR  
DELRAY BEACH, FL 33445 US

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

ANGELIDES, ALEXANDRIA M D  
16405 BRIDLEWOOD CIR  
DELRAY BEACH, FL 33445 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: ALEXANDRIA M. ANGELIDES

05/02/2010

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D  
Name: ANGELIDES, ALEXANDRIA M D  
Address: 16405 BRIDLEWOOD CIR.  
City-St-Zip: DELRAY BEACH, FL 33445

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: ALEXANDRIA M. ANGELIDES

D

05/02/2010

Electronic Signature of Signing Officer or Director

Date