

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000103857

**FILED**  
**Jan 16, 2012**  
**Secretary of State**

**Entity Name:** ALBERTO DOMINGUEZ-BALI, M.D., P.A.

**Current Principal Place of Business:**

777 EAST 25 STREET  
SUITE 203  
HIALEAH, FL 33013

**New Principal Place of Business:**

**Current Mailing Address:**

4453 N.W. 93RD DORAL COURT  
DORAL, FL 33178

**New Mailing Address:**

**FEI Number:** 65-1053692

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DOMINGUEZ-BALI, ALBERTO  
19195 MYSTIC POINTE DR  
STE 2107  
AVENTURA, FL 33180 US

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

DOMINGUEZ-BALI, ALBERTO  
4453 N.W. 93RD DORAL COURT  
DORAL, FL 33178 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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

01/16/2012

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DP  
Name: DOMINGUEZ-BALI, ALBERTO  
Address: 4453 N.W. 93RD DORAL COURT  
City-St-Zip: DORAL, FL 33178

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: ALBERTO DOMINGUEZ-BALI

MD

01/16/2012

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

\_\_\_\_\_  
Date