

## **2010 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P00000105274

**FILED**  
**Sep 16, 2010**  
**Secretary of State**

**Entity Name:** SIGFREDO ACOSTA-PEREZ, M.D., P.A.

**Current Principal Place of Business:**

4550 70TH ST W  
APT 88  
BRADENTON, FL 34210

**New Principal Place of Business:**

5435 74TH PLACE EAST  
ELLENTON, FL 34222

**Current Mailing Address:**

4550 70TH ST W  
APT 88  
BRADENTON, FL 34210

**New Mailing Address:**

5435 74TH PLACE EAST  
ELLENTON, FL 34222

**FEI Number:** 59-3680703

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ACOSTA-PEREZ, SIGFREDO  
4550 70TH ST W  
APT 88  
BRADENTON, FL 34210 US

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

ACOSTA-PEREZ, SIGFREDO MD  
5435 74TH PLACE EAST  
ELLENTON, FL 34222 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: SIGFREDO ACOSTA-PEREZ MD

09/16/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: ACOSTA-PEREZ, SIGFREDO MD  
Address: 5435 74TH PLACE EAST  
City-St-Zip: ELLENTON, FL 34222

Title: VD  
Name: RODRIGO-CABRERA, CARMEN A  
Address: 5435 74TH PLACE EAST  
City-St-Zip: ELLENTON, FL 34222

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: CARMEN A RODRIGO-CABRERA

VD

09/16/2010

Electronic Signature of Signing Officer or Director

Date