

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000001282

FILED  
Jan 05, 2012  
Secretary of State

Entity Name: SUZANNE B. FERNANDEZ, P.A.

**Current Principal Place of Business:**

14502 N. DALE MABRY HIGHWAY  
SUITE 100  
TAMPA, FL 33618

**New Principal Place of Business:**

**Current Mailing Address:**

14502 N. DALE MABRY HIGHWAY  
SUITE 100  
TAMPA, FL 33618

**New Mailing Address:**

13806 KHILANI CT  
TAMPA, FL 33624

FEI Number: 59-3690648

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

FERNANDEZ, KRISTOPHER E  
114 S. FREMONT AVE.  
TAMPA, FL 33606 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: DP  
Name: SUZANNE, FERNANDEZ B  
Address: 14502 N. DALE MABRY HWY, SUITE 100  
City-St-Zip: TAMPA, FL 33618

Title: VP  
Name: FERNANDEZ, MICHAEL S  
Address: 14502 N. DALE MABRY HWY., STE 100  
City-St-Zip: TAMPA, FL 33618

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: SUZANNE FERNANDEZ

PRES

01/05/2012

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

\_\_\_\_\_ Date