

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000050088

**FILED**  
**Apr 26, 2011**  
**Secretary of State**

**Entity Name:** DOLORES A. LOVELESS, M.D., P.A.

**Current Principal Place of Business:**

4933-1 UNIVERSITY BLVD. WEST  
JACKSONVILLE, FL 32216

**New Principal Place of Business:**

**Current Mailing Address:**

4933-1 UNIVERSITY BLVD. WEST  
JACKSONVILLE, FL 32216

**New Mailing Address:**

10212 VINEYARD LAKE RD E  
JACKSONVILLE, FL 32256

FEI Number: 59-3722460

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

BRANT, ABRAHAM, REITER & MCCORMICK, P.A.  
50 NORTH LAURA STREET  
SUITE 2750  
JACKSONVILLE, FL 32202 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: DPVP  
Name: LOVELESS, DOLORES A M.D.  
Address: 10212 VINEYARD LAKE ROAD  
City-St-Zip: JACKSONVILLE, FL 32256

Title: ST  
Name: LOVELESS, DOLORES A M.D.  
Address: 10212 VINEYARD LAKE ROAD  
City-St-Zip: JACKSONVILLE, FL 32256

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: DOLORES A LOVELESS

PRES

04/26/2011

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

\_\_\_\_\_  
Date