

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000057487

Entity Name: LUIS A. JOVEL, M.D., P.A.

FILED  
Jan 18, 2012  
Secretary of State

**Current Principal Place of Business:**

2323 1ST AVE N  
ST. PETERSBURG, FL 33713

**New Principal Place of Business:**

**Current Mailing Address:**

2323 1ST AVE N  
ST. PETERSBURG, FL 33713

**New Mailing Address:**

FEI Number: 59-3724070

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

JOVEL, LUIS A  
2323 1ST AVE N  
ST. PETERSBURG, FL 33713 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: MD  
Name: JOVEL, LUIS A MD  
Address: 2323 1ST AVE N  
City-St-Zip: ST. PETERSBURG, FL 33713

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: LUIS JOVEL

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

PRES

01/18/2012

\_\_\_\_\_ Date