2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2011
Secretary of State

DOCUMENT# P01000063556

Entity Name: MILTON M. APONTE, M.D., P.A.

Current Principal Place of Business:

380 SW PRIMA VISTA BLVD
PORT SAINT LUCIE, FL 34983 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 881027
PORT SAINT LUCIE, FL 34988 US

New Mailing Address:

FEI Number: 65-1116033 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

APONTE, MILTON M MD
380 SW PRIMA VISTA BLVD
PORT ST LUCIE, FL 34983 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: P
Name: APONTE, MILTON M MD
Address: 380 SW PRIMA VISTA BLVD.
City-St-Zip: PORT SAINT LUCIE, FL 34983

Title: T
Name: APONTE, MILTON M MD
Address: 380 SW PRIMA VISTA BLVD.
City-St-Zip: PORT SAINT LUCIE, FL 34983

Title: S
Name: MILTON, APONTE M MD
Address: 380 SW PRIMA VISTA BLVD.
City-St-Zip: PORT SAINT LUCIE, FL 34983

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: MILTON M. APONTE PRES 03/31/2011

Electronic Signature of Signing Officer or Director Date