

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000108732

**FILED**  
**Jan 10, 2011**  
**Secretary of State**

**Entity Name:** EMILIO B. TORRES PROFESSIONAL ASSOCIATION

**Current Principal Place of Business:**

1397 MEDICAL PARK BLVD  
SUITE 200  
WELLINGTON, FL 33414 US

**New Principal Place of Business:**

**Current Mailing Address:**

584 GLENFIELD WAY  
WEST PALM BEACH, FL 33411 US

**New Mailing Address:**

FEI Number: 65-1152098

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

EMILIO TORRES MD PA  
1397 MEDICAL PARK BLVD  
SUITE 200  
WELLINGTON, FL 33411 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: DR  
Name: TORRES, EMILIO B  
Address: 584 GLENFIELD WAY  
City-St-Zip: WEST PALM BEACH, FL 33411

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: EMILIO B TORRES

DR

01/10/2011

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

\_\_\_\_\_  
Date