

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000005975

**FILED**  
**Apr 25, 2011**  
**Secretary of State**

**Entity Name:** CARLOS J. LAVERNIA, M.D., P.A.

**Current Principal Place of Business:**

3659 S. MIAMI AVE, STE 4008  
MIAMI, FL 33133

**New Principal Place of Business:**

3659 S. MIAMI AVE  
4008  
MIAMI, FL 33133

**Current Mailing Address:**

P.O. BOX 14-1028  
CORAL GABLES, FL 33114

**New Mailing Address:**

**FEI Number:** 03-0419464

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LAVERNIA, CARLOS J M.D.  
3659 S. MIAMI AVE, STE 4008  
MIAMI, FL 33133 US

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

LAVERNIA, CARLOS J M.D.  
3659 S. MIAMI AVE  
4008  
MIAMI, FL 33133 US

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:** CARLOS J. LAVERNIA

04/25/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** D  
**Name:** LAVERNIA, CARLOS J M.D.  
**Address:** 3659 S. MIAMI AVE, STE 4008  
**City-St-Zip:** MIAMI, FL 33133

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:** CARLOS J. LAVERNIA

D

04/25/2011

Electronic Signature of Signing Officer or Director

Date