

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000008010

**Entity Name:** RAO CLINIC, P.A.

**FILED**  
**Apr 20, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

1701 SE HILLMOOR DR, SUITE #14  
PORT ST LUCIE, FL 34952

**New Principal Place of Business:**

**Current Mailing Address:**

30 CASTLE HILL WAY  
STUART, FL 34996

**New Mailing Address:**

**FEI Number:** 03-0384028

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SOPKO, JAMES  
853 SE MONTEREY COMMONS BLVD.  
STUART, FL 34996 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: D  
Name: RAO, CHRISTOPHER G  
Address: 1701 SE HILLMOOR DR SUITE 14  
City-St-Zip: PORT SAINT LUCIE, FL 34952

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: CHRISTOPHER RAO

DR.

04/20/2011

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

\_\_\_\_\_  
Date