

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000008845

FILED  
Apr 04, 2012  
Secretary of State

**Entity Name:** MELCHOR M. CARBONELL, MD, PA

**Current Principal Place of Business:**

7450 103RD ST  
JACKSONVILLE, FL 32210

**New Principal Place of Business:**

**Current Mailing Address:**

7450 103RD ST  
JACKSONVILLE, FL 32210

**New Mailing Address:**

PO BOX 441522  
JACKSONVILLE, FL 32222

**FEI Number:** 80-0032947

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CARBONELL, CATHY  
7450 103RD ST  
JACKSONVILLE, FL 32210 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: PD  
Name: CARBONELL, MELCHOR M  
Address: PO BOX 441522  
City-St-Zip: JACKSONVILLE, FL 32222

Title: D  
Name: CARBONELL, REYNALDA C  
Address: PO BOX 441522  
City-St-Zip: JACKSONVILLE, FL 32222

Title: TD  
Name: CARBONELL, STEPHEN C  
Address: PO BOX 441522  
City-St-Zip: JACKSONVILLE, FL 32222

Title: SD  
Name: CARBONELL, CATHY C  
Address: PO BOX 441522  
City-St-Zip: JACKSONVILLE, FL 32222

Title: D  
Name: BAI, CAROLINE C  
Address: PO BOX 441522  
City-St-Zip: JACKSONVILLE, FL 32222

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:** CATHY CARBONELL

SD

04/04/2012

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

\_\_\_\_\_  
Date