

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000029935

**FILED**  
**Jan 08, 2012**  
**Secretary of State**

**Entity Name:** GILBERTO JIMENEZ MD, INC.

**Current Principal Place of Business:**

3401 W 4 AVENUE  
HIALEAH, FL 33012

**New Principal Place of Business:**

MEDICAL PLAZA BUILDING 1435 WEST 49TH PLACE  
SUITE #306  
HIALEAH, FL 33012

**Current Mailing Address:**

19346 SW 41 ST  
MIRAMAR, FL 33029

**New Mailing Address:**

**FEI Number:** 01-0644224

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

JIMENEZ, GILBERTO MD I  
19346 SW 41 ST  
MIRAMAR, FL 33029 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: PSD  
Name: JIMENEZ, GILBERTO  
Address: MEDICAL PLAZA BDLG 1435 W 49 PL SUITE 306  
City-St-Zip: HIALEAH, FL 33012

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: GILBERTO JIMENEZ MD

PSD

01/08/2012

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

\_\_\_\_\_  
Date