

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000054049

**FILED**  
**Apr 30, 2011**  
**Secretary of State**

**Entity Name:** JUAN CARLOS ABREU, M.D., P.A.

**Current Principal Place of Business:**

6365 COLLINS AVE  
4408  
MIAMI BEACH, FL 33141 US

**New Principal Place of Business:**

4500 SW 139 AVE  
MIAMI, FL 33027 US

**Current Mailing Address:**

6365 COLLINS AVE  
4408  
MIAMI BEACH, FL 33141 US

**New Mailing Address:**

4500 SW 139 AVE  
MIAMI, FL 33027 US

**FEI Number:** 20-0228692

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ABREU, JUAN C  
6365 COLLINS AVENUE  
4408  
MIAMI BEACH, FL 33141 US

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

ABREU, JUAN C  
4500 SW 139 AVE  
MIRAMAR, FL 33027 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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

04/30/2011

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: ABREU, JUAN C  
Address: 4500 SW 139 AVE  
City-St-Zip: MIRAMAR, FL 33027

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: JUAN C. ABREU

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

D

04/30/2011

\_\_\_\_\_  
Date