

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000065056

FILED  
Jan 06, 2012  
Secretary of State

Entity Name: MANUEL A. OJEDA, MD, P.A.

**Current Principal Place of Business:**

6039 COLLINS AVE. #311  
MIAMI BEACH, FL 33140

**New Principal Place of Business:**

**Current Mailing Address:**

6039 COLLINS AVE. #311  
MIAMI BEACH, FL 33140

**New Mailing Address:**

FEI Number: 01-0720868

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

HEREDIA, JORGE D CPA  
1428 SW 124 PL  
MIAMI, FL 33184 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: OJEDA, MANUEL A MD  
Address: 6039 COLLINS AVE. #311  
City-St-Zip: MIAMI BEACH, FL 33140

Title: SD  
Name: JIMENEZ, ALEXANDRA  
Address: 6039 COLLINS AVE. #311  
City-St-Zip: MIAMI BEACH, FL 33140

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: MANUEL A OJEDA

PD

01/06/2012

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date