

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000066967

FILED  
Apr 29, 2012  
Secretary of State

**Entity Name:** REMELDA T. SAUNDERS-JONES M.D.,P.A.

**Current Principal Place of Business:**

1725 CAPITAL CIRCLE NE  
#305  
TALLAHASSEE, FL 33208

**New Principal Place of Business:**

**Current Mailing Address:**

1725 CAPITAL CIRCLE NE  
#305  
TALLAHASSEE, FL 33208

**New Mailing Address:**

FEI Number: 59-3697551

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

JONES, REMELDA T  
1725 CAPITAL CIRCLE NE  
#305  
TALLAHASSEE, FL 33208 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: DR.  
Name: SAUNDERS, REMELDA T  
Address: 1725 CAPITAL CIRCLE NE, #305  
City-St-Zip: TALLAHASSEE, FL 33208

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: REMELDA T. SAUNDERS-JONES MD. PA

MD

04/29/2012

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

\_\_\_\_\_ Date