

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000066985

FILED
Apr 29, 2011
Secretary of State

Entity Name: AMELIA M. BINDAS, PH.D., P.A.

Current Principal Place of Business:

11800 68TH AVENUE NORTH
SEMINOLE, FL 33772

New Principal Place of Business:

Current Mailing Address:

11800 68TH AVENUE NORTH
SEMINOLE, FL 33772

New Mailing Address:

FEI Number: 01-0735227

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BINDAS, AMELIA M PH.D.
11800 68TH AVENUE NORTH
SEMINOLE, FL 33772 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: BINDAS, AMELIA M PH.D.
Address: 11800 68TH AVENUE NORTH
City-St-Zip: SEMINOLE, FL 33772

Title: DR
Name: BINDAS, AMELIA M PH.D
Address: 11800 68TH AVE N
City-St-Zip: SEMINOLE, FL 33772

Title: DR
Name: BINDAS, AMELIA M PH.D
Address: 11800 68TH AVE N
City-St-Zip: SEMINOLE, FL 33772

Title: DR
Name: BINDAS, AMELIA M PH.D
Address: 11800 68TH AVE N
City-St-Zip: SEMINOLE, FL 33772

Title: DR
Name: BINDAS, AMELIA M PH.D
Address: 11800 68TH AVE N
City-St-Zip: SEMINOLE, FL 33772

Title: DR
Name: BINDAS, AMELIA M PH.D
Address: 11800 68TH AVE N
City-St-Zip: SEMINOLE, FL 33772

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: AMELIA M BINDAS

DR

04/29/2011

Electronic Signature of Signing Officer or Director

Date