

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000074601

**FILED**  
**Mar 09, 2011**  
**Secretary of State**

**Entity Name:** MYRTHO MOMPOINT-BRANCH, M.D., P.A.

**Current Principal Place of Business:**

1806 TOWN PLAZA CT  
WINTER SPRINGS, FL 32708

**New Principal Place of Business:**

**Current Mailing Address:**

1806 TOWN PLAZA CT  
WINTER SPRINGS, FL 32708

**New Mailing Address:**

**FEI Number:** 14-1837957

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CHAIRS, GREGORY H  
283 CRANES ROOST BLVD  
165  
ALTAMONTE SPRINGS, FL 32701 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: DPST  
Name: BRANCH, MYRTHO M  
Address: 1806 TOWN PLAZA CT  
City-St-Zip: WINTER SPRINGS, FL 32708

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: MYRTHO M. BRANCH MD

MD

03/09/2011

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

\_\_\_\_\_  
Date