

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000076251

**FILED**  
**Jan 09, 2012**  
**Secretary of State**

**Entity Name:** ALAN D. ALMENGUAL, M.D., P.A.

**Current Principal Place of Business:**

2370 PINELLAS POINT DR S  
SAINT PETERSBURG, FL 33712

**New Principal Place of Business:**

1850 JUAREZ WAY SOUTH  
SAINT PETERSBURG, FL 33712

**Current Mailing Address:**

2370 PINELLAS POINT DR S  
SAINT PETERSBURG, FL 33712

**New Mailing Address:**

1850 JUAREZ WAY SOUTH  
SAINT PETERSBURG, FL 33712

**FEI Number:** 22-3859943

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ALMENGUAL, KATHRYN C  
1015 MARCO DRIVE NE  
SAINT PETERSBURG, FL 33702 US

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

ALLARD, JUDITH E  
1850 JUAREZ WAY SOUTH  
SAINT PETERSBURG, FL 33712 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: JUDITH ALLARD

01/09/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: ALMENGUAL, ALAN D MD  
Address: 1850 JUAREZ WAY SOUTH  
City-St-Zip: SAINT PETERSBURG, FL 33712

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: ALAN D ALMENGUAL MD

PRES

01/09/2012

Electronic Signature of Signing Officer or Director

Date