

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000078328

**FILED**  
**Feb 11, 2012**  
**Secretary of State**

**Entity Name:** ROBERT V. CARIDA II, M.D., P.A.

**Current Principal Place of Business:**

5150 LINTON BLVD.  
SUITE 220  
DELRAY BEACH, FL 33484

**New Principal Place of Business:**

5258 LINTON BLVD.  
SUITE 104  
DELRAY BEACH, FL 33484

**Current Mailing Address:**

5150 LINTON BLVD.  
SUITE 220  
DELRAY BEACH, FL 33484

**New Mailing Address:**

5258 LINTON BLVD.  
SUITE 104  
DELRAY BEACH, FL 33484

**FEI Number:** 54-2063621

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

STOLL, JEFFREY R ESQ  
C/O SEGAUL & STOLL, P.A.  
8751 W. BROWARD BOULEVARD, SUITE 404  
PLANTATION, FL 33324 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: CARIDA, ROBERT V II MD  
Address: 219 VENETIAN DRIVE  
City-St-Zip: DELRAY BEACH, FL 33483

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: ROBERT CARIDA

MD

02/11/2012

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

\_\_\_\_\_ Date