

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000095974

FILED  
Mar 06, 2012  
Secretary of State

**Entity Name:** CARLOS A. CONRADO, M.D., P.A.

**Current Principal Place of Business:**

151 N.W. 11 ST.  
E102  
HOMESTEAD, FL 33030

**New Principal Place of Business:**

**Current Mailing Address:**

151 N.W. 11 ST.  
E102  
HOMESTEAD, FL 33030

**New Mailing Address:**

**FEI Number:** 02-0641501      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

CONRADO, CARLOS A MD  
9490 S.W. 104 ST.  
MIAMI, FL 33176    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: D  
Name: CONRADO, CARLOS A MD  
Address: 9490 S.W. 104 ST.  
City-St-Zip: MIAMI, FL 33176

Title: PVST  
Name: CONRADO, CARLOS A MD  
Address: 9490 S.W. 104 ST.  
City-St-Zip: MIAMI, FL 33176

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: CARLOS A. CONRADO

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03/06/2012

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

\_\_\_\_\_ Date