

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000122209

FILED  
Feb 16, 2012  
Secretary of State

**Entity Name:** STEPHEN T. ENGUIDANOS, M.D., P.A.

**Current Principal Place of Business:**

550-A TWIN CITIES BOULEVARD  
NICEVILLE, FL 32578 US

**New Principal Place of Business:**

**Current Mailing Address:**

550-A TWIN CITIES BOULEVARD  
NICEVILLE, FL 32578 US

**New Mailing Address:**

FEI Number: 05-0540097

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ENGUIDANOS, STEPHEN T  
550 TWIN CITIES BOULEVARD  
A  
NICEVILLE, FL 32578 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: P  
Name: ENGUIDANOS, STEPHEN T  
Address: 550A TWIN CITIES BOULEVARD  
City-St-Zip: NICEVILLE, FL 32578 US

Title: D  
Name: ENGUIDANOS, STEPHEN T  
Address: 550 A TWIN CITIES BOULEVARD  
City-St-Zip: NICEVILLE, FL 32578 US

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: STEPHEN T. ENGUIDANOS

P

02/16/2012

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

\_\_\_\_\_  
Date