2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2012
Secretary of State

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Entity Name: PATRICK MANGONON, M.D., P.A.

Current Principal Place of Business:

801 S. OLIVE AVE.
#810
WEST PALM BEACH, FL 33401

New Principal Place of Business:

801 S. OLIVE AVE.
#810
WEST PALM BEACH, FL 33401 US

Current Mailing Address:

P.O. BOX 210474
ROYAL PALM BEACH, FL 33421

New Mailing Address:

P.O. BOX 541452
GREENACRES, FL 33454 US

FEI Number: 33-1036251 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MANGONON, PATRICK MD
801 S. OLIVE AVE.
810
WEST PALM BEACH, FL 33401 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: PRES
Name: MANGONON, PATRICK M.D.
Address: 801 S. OLIVE AVE., #810
City-St-Zip: WEST PALM BEACH, FL 33401 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: PATRICK MANGONON, MD PRES 03/24/2012

Electronic Signature of Signing Officer or Director Date