

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000009961

Entity Name: MICHAEL D. DICEMBRE, PA

**FILED**  
**Apr 21, 2011**  
**Secretary of State**

## **Current Principal Place of Business:**

189 SOUTH ORANGE AVENUE  
SUITE 1800  
ORLANDO, FL 32801

## **New Principal Place of Business:**

## **Current Mailing Address:**

189 SOUTH ORANGE AVENUE  
SUITE 1800  
ORLANDO, FL 32801

## **New Mailing Address:**

FEI Number: 51-0443239

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

DICEMBRE, MICHAEL D  
189 SOUTH ORANGE AVENUE  
SUITE 1800  
ORLANDO, FL 32801 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: DICEMBRE, MICHAEL D  
Address: 189 SOUTH ORANGE AVENUE #1800  
City-St-Zip: ORLANDO, FL 32801

Title: VPD  
Name: DICEMBRE, MICHAEL D  
Address: 189 SOUTH ORANGE AVENUE #1800  
City-St-Zip: ORLANDO, FL 32801

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: MICHAEL D. DICEMBRE

PD

04/21/2011

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

\_\_\_\_\_  
Date