

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000051162

Entity Name: ARNALDO VALLS M.D., P.A.

**FILED**  
**Mar 26, 2012**  
**Secretary of State**

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

7325 W FLAGLER STREET  
MIAMI, FL 33144

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

1825 SW 125 CT  
MIAMI, FL 33175

## **Current Mailing Address:**

1084 SW 137 PL  
MIAMI, FL 33184

## **New Mailing Address:**

1825 SW 125 CT  
MIAMI, FL 33175

FEI Number: 57-1166577

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

VALLS, ARNALDO  
1084 SW 137 PL.  
MIAMI, FL 33184 US

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

VALLS, ARNALDO  
1825 SW 125 CT  
MIAMI, FL 33175 US

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:

03/26/2012

Electronic Signature of Registered Agent

Date

## **OFFICERS AND DIRECTORS:**

Title: PD  
Name: VALLS, ARNALDO  
Address: 1825 SW 125 CT  
City-St-Zip: MIAMI, FL 33175

Title: VD  
Name: MARTINEZ, ZENaida V  
Address: 1825 SW 125 CT  
City-St-Zip: MIAMI, FL 33175

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: ARNALDO VALLS

PRES

03/26/2012

Electronic Signature of Signing Officer or Director

Date