

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000051880

**Entity Name:** RAFAEL BELTRAN, M.D., P.A.

**FILED**  
**Apr 26, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

3637 4TH ST NORTH  
480  
ST. PETERSBURG, FL 33704

**New Principal Place of Business:**

**Current Mailing Address:**

4777 ROYAL PLAM CIRCLE  
SAINT PETERSBURG, FL 33703

**New Mailing Address:**

**FEI Number:** 16-1663774      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

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

BELTRAN, RAFAEL  
4777 ROYAL PALM CIRCLE  
SAINT PETERSBURG, FL 33703      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: MD  
Name: BELTRAN, RAFAEL M.D.  
Address: 4777 ROYAL PALM CIRCLE  
City-St-Zip: SAINT PETERSBURG, FL 33703

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: RAFAEL BELTRAN

DR

04/26/2011

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

\_\_\_\_\_  
Date