

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000089437

Entity Name: MANUEL LOPEZ, M.D., P.A.

FILED  
Mar 04, 2011  
Secretary of State

## Current Principal Place of Business:

8989 SW 109 TERR  
MIAMI, FL 33176

## New Principal Place of Business:

3457 SHORELINE CIRCLE  
PALM HARBOR, FL 34684

## Current Mailing Address:

8989 SW 109 TERR  
MIAMI, FL 33176

## New Mailing Address:

3457 SHORELINE CIRCLE  
PALM HARBOR, FL 34684

FEI Number: 81-0628105

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LOPEZ, MANUEL M.D.  
8980 SW 89 AV  
MIAMI, FL 33176 US

## Name and Address of New Registered Agent:

LOPEZ, MANUEL M.D.  
3457 SHORELINE CIRCLE  
PALM HARBOR, FL 34684 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: MANUEL LOPEZ

03/04/2011

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: PST  
Name: LOPEZ, MANUEL  
Address: 3457 SHORELINE CIRCLE  
City-St-Zip: PALM HARBOR, FL 34684

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: MANUEL LOPEZ

P

03/04/2011

Electronic Signature of Signing Officer or Director

Date