

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000094130

**FILED**  
**Jul 05, 2010**  
**Secretary of State**

**Entity Name:** M.A. ARAN & ASSOCIATES, M.D., P.A.

**Current Principal Place of Business:**

509 MILLER ROAD  
CORAL GABLES, FL 33146

**New Principal Place of Business:**

**Current Mailing Address:**

509 MILLER ROAD  
CORAL GABLES, FL 33146

**New Mailing Address:**

**FEI Number:** 72-1570644

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CORDOVA, DIEGO E C.P.A.  
8905 S.W. 87TH AVENUE  
SUITE 200  
MIAMI, FL 33176 US

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

CORDOVA, DIEGO E C.P.A.  
7300 N KENDALL DR  
SUITE 201  
MIAMI, FL 33156 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 ARAN

Electronic Signature of Registered Agent

07/05/2010

Date

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: ARAN, MANUEL A M.D.  
Address: 509 MILLER ROAD  
City-St-Zip: CORAL GABLES, FL 33146

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 A ARAN

Electronic Signature of Signing Officer or Director

PRES

07/05/2010

Date