

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000096341

**FILED**  
**Apr 08, 2012**  
**Secretary of State**

**Entity Name:** ISRAEL GALTES, M.D. P.A.

**Current Principal Place of Business:**

4308 ALTON RD  
SUITE 420  
MIAMI BEACH, FL 33140

**New Principal Place of Business:**

151 NW 11 ST  
SUITE E 304  
HOMESTEAD, FL 33030

**Current Mailing Address:**

P.O. BOX 667592  
MIAMI, FL 33166

**New Mailing Address:**

P.O. BOX 901650  
HOMESTEAD, FL 33090

**FEI Number:** 54-2127846

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GALTES, ISRAEL MD  
11070 NW 47TH LN  
DORAL, FL 33178 US

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

GALTES, ISRAEL MD  
151 NW 11 ST  
SUITE E 304  
HOMESTEAD, FL 33090 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: ISRAEL GALTES

04/08/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DR  
Name: GALTES, ISRAEL MD  
Address: 151 NW 11 ST SUITE E 304  
City-St-Zip: HOMESTEAD, FL 33030

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: ISRAEL GALTES

MD

04/08/2012

Electronic Signature of Signing Officer or Director

Date