

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000120700

Entity Name: JAIME TORO, M.D., P.A.

**FILED**  
**Jan 13, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

2801 EXCHANGE COURT  
WEST PALM BEACH, FL 33409 US

**New Principal Place of Business:**

**Current Mailing Address:**

2801 EXCHANGE COURT  
WEST PALM BEACH, FL 33409 US

**New Mailing Address:**

FEI Number: 20-0333205

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

TORO, JAIME M.D.  
6123 WILDCAT RUN  
WEST PALM BEACH, FL 33412 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: P  
Name: TORO, JAIME M.D.  
Address: 6123 WILDCAT RUN  
City-St-Zip: WEST PALM BEACH, FL 33412 US

Title: S  
Name: TORO, JAIME M.D.  
Address: 6123 WILDCAT RUN  
City-St-Zip: WEST PALM BEACH, FL 33412 US

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: JAIME TORO, M.D.

P

01/13/2011

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

\_\_\_\_\_  
Date