

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000010091

Entity Name: MARIA ROGERS, P.A.

**FILED**  
**Jan 19, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

4800 BEACH BOULEVARD, SUITE 5  
JACKSONVILLE, FL 32207

**New Principal Place of Business:**

1809 ART MUSEUM DRIVE  
202  
JACKSONVILLE, FL 32207

**Current Mailing Address:**

4800 BEACH BOULEVARAD, SUITE 5  
JACKSONVILLE, FL 32207

**New Mailing Address:**

1809 ART MUSEUM DRIVE  
202  
JACKSONVILLE, FL 32207

FEI Number: 59-3785571

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ROGERS, MARIA  
4800 BEACH BOULEVARD, SUITE 5  
JACKSONVILLE, FL 32207 US

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

ROGERS, MARIA  
1809 ART MUSEUM DRIVE  
202  
JACKSONVILLE, FL 32207 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:

01/19/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: ROGERS, MARIA  
Address: 1809 ART MUSEUM DRIVE, SUITE 202  
City-St-Zip: JACKSONVILLE, FL 32207

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: MARIA ROGERS

PRES

01/19/2011

Electronic Signature of Signing Officer or Director

Date