

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000039960

**FILED**  
**Apr 29, 2011**  
**Secretary of State**

**Entity Name:** FLORIDA PHYSICIAN ASSISTANCE INC

**Current Principal Place of Business:**

510 BELLA CAPRI DR  
MERRITT ISLAND, FL 32952 US

**New Principal Place of Business:**

**Current Mailing Address:**

510 BELLA CAPRI DR  
MERRITT ISLAND, FL 32952 US

**New Mailing Address:**

**FEI Number:** 20-0814447

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DANIELS, DANIEL  
510 BELLA CAPRI DR.  
MERRITT ISLAND, FL 32952 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: DP  
Name: DANIELS, DANIEL  
Address: 510 BELLA CAPRI DR  
City-St-Zip: MERRITT ISLAND, FL 32952 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: DAN DANIELS

MR.

04/29/2011

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

\_\_\_\_\_  
Date