

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000077221

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

**Entity Name:** CARLOS R SANTOS MD PA

**Current Principal Place of Business:**

16855 NE 2ND AVENUE  
SUITE 302  
NORTH MIAMI BEACH, FL 33162 US

**New Principal Place of Business:**

**Current Mailing Address:**

601 N FLAMINGO RD  
SUITE 403  
PEMBROKE PINES, FL 33028

**New Mailing Address:**

16855 NE 2ND AVENUE  
SUITE 302  
NORTH MIAMI BEACH, FL 33162 US

**FEI Number:** 84-1647878

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

SANTOS, CARLOS R  
16855 NE 2 AVE #302A  
NORTH MIAMI BCH., FL 33162 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:** PRES  
**Name:** SANTOS, CARLOS R  
**Address:** 16855 NE 2ND AVENUE, SUITE 302  
**City-St-Zip:** NORTH MIAMI BEACH, FL 33162 US

**Title:** SECR  
**Name:** BRUNO, MARIA C  
**Address:** 16855 NE 2ND AVENUE, SUITE 302  
**City-St-Zip:** NORTH MIAMI BEACH, FL 33162 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:** CARLOS R SANTOS

MD

02/13/2011

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

\_\_\_\_\_  
Date