

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000100011

Entity Name: DR. ROBERTO GINES, P.A.

FILED  
Jun 18, 2011  
Secretary of State

**Current Principal Place of Business:**

3362 NE 171 ST.  
NORTH MIAMI BEACH, FL 33160

**New Principal Place of Business:**

3633 EAST SANDPIPER DR.  
APT. #5  
BOYNTON BEACH, FL 33436

**Current Mailing Address:**

3362 NE 171 ST.  
NORTH MIAMI BEACH, FL 33160

**New Mailing Address:**

PO BOX 4048  
BOYNTON BEACH, FL 33424 40

FEI Number: 57-1209134

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

GINES, ROBERTO MD  
3362 NE 171 ST.  
NORTH MIAMI BEACH, FL 33160 US

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

GINES, ROBERTO MD  
3633 EAST SANDPIPER DR.  
APT.#5  
BOYNTON BEACH, FL 33436 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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

06/18/2011

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: OFFI  
Name: GINES, DR. ROBERTO  
Address: 3633 EAST SANDPIPER DR. #5  
City-St-Zip: BOYNTON BEACH, FL 33436

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: ROBERTO GINES

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

OFFI

06/18/2011

\_\_\_\_\_  
Date