

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000101861

**FILED**  
**Apr 08, 2012**  
**Secretary of State**

**Entity Name:** MARIO LUIS NUNEZ, M.D., P.A.

**Current Principal Place of Business:**

4305 EAST 8TH AVE  
C  
HIALEAH, FL 33013

**New Principal Place of Business:**

6841 MIAMI LAKEWAY SOUTH  
MAIMI LAKES, FL 33014

**Current Mailing Address:**

4305 EAST 8TH AVE  
C  
HIALEAH, FL 33013

**New Mailing Address:**

6841 MIAMI LAKEWAY SOUTH  
MAIMI LAKES, FL 33014

**FEI Number:** 34-2005428

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

NUNEZ, MARIO L MD  
4305 EAST 8TH AVE  
C  
HIALEAH, FL 33013 US

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

NUNEZ, MARIO L MD  
6841 MIAMI LAKEWAY SOUTH  
MIAMI LAKES, FL 33014 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:

04/08/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: NUNEZ, MARIO L MD  
Address: 6841 MIAMI LAKEWAY SOUTH  
City-St-Zip: MIAMI LAKES, FL 33014

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: MARIO LUIS NUNEZ

MD

04/08/2012

Electronic Signature of Signing Officer or Director

Date