

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000103465

Entity Name: DR. JOSE J. POZO, P.A.

**FILED**  
**Jan 07, 2011**  
**Secretary of State**

## **Current Principal Place of Business:**

1301 LAWNWOOD CIRCLE  
FT. PIERCE, FL 34950 US

## **New Principal Place of Business:**

240 NE PEACOCK BOULEVARD  
SUITE 101  
PORT SAINT LUCIE, FL 34986 US

## **Current Mailing Address:**

1301 LAWNWOOD CIRCLE  
FT. PIERCE, FL 34950 US

## **New Mailing Address:**

240 NE PEACOCK BOULEVARD  
SUITE 101  
PORT SAINT LUCIE, FL 34986 US

FEI Number: 20-1351252

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

POZO, JOSE J  
1301 LAWNWOOD CIRCLE  
FT. PIERCE, FL 34950 US

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

POZO, JOSE J  
240 NW PEACOCK BOULEVARD  
SUITE 101  
PORT SAINT LUCIE, FL 34986 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: JOSE J. POZO

01/07/2011

Electronic Signature of Registered Agent

Date

## **OFFICERS AND DIRECTORS:**

Title: DR  
Name: POZO, JOSE J  
Address: 240 NW PEACOCK BLVD., SUITE 101  
City-St-Zip: PORT SAINT LUCIE, FL 34986 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: JOSE J. POZO

DIR

01/07/2011

Electronic Signature of Signing Officer or Director

Date