

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000115270

Entity Name: AVECINA MEDICAL, P.A.

**FILED**  
**Mar 30, 2011**  
**Secretary of State**

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

1633 RACE TRACK ROAD  
SUITE #101  
JACKSONVILLE, FL 32259 US

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

## **Current Mailing Address:**

1633 RACE TRACK ROAD  
SUITE #101  
JACKSONVILLE, FL 32259 US

## **New Mailing Address:**

FEI Number: 20-1628686

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SOLEYMANI, SAMAN P  
1633 RACETRACK RD  
SUITE #101  
JACKSONVILLE, FL 32259 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: P  
Name: SOLEYMANI, SAMAN  
Address: 1633 RACE TRACK ROAD, STE 101  
City-St-Zip: JACKSONVILLE, FL 32259 US

Title: VP  
Name: MODEL, DMITRIY B  
Address: 1633 RACE TRACK ROAD, STE 101  
City-St-Zip: JACKSONVILLE, FL 32259 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: SAMAN SOLEYMANI

P

03/30/2011

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

\_\_\_\_\_  
Date