

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000134674

**FILED**  
**Apr 26, 2012**  
**Secretary of State**

**Entity Name:** RAFAEL GOTTENGER M.D., P.A.

**Current Principal Place of Business:**

7500 SW 87TH AVE  
202  
MIAMI, FL 33173

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 431900  
SOUTH MIAMI, FL 33243

**New Mailing Address:**

**FEI Number:** 34-2023506

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

RAFAEL, GOTTENGER MD  
7500 SW 87TH SUITE 202  
MIAMI, FL 33173 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: PD  
Name: GOTTENGER, RAFAEL  
Address: 7500 SW 87TH AVE SUITE 202  
City-St-Zip: MIAMI, FL 33173

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: RAFAEL GOTTENGER

PRES

04/26/2012

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

\_\_\_\_\_ Date