

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000154781

Entity Name: A. TERRELONGE MD - PA

**FILED**  
**May 24, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

7801 CORAL WAY  
SUITE # 131  
MIAMI, FL 33155

**New Principal Place of Business:**

**Current Mailing Address:**

300 NW 129 AVENUE  
MIAMI, FL 33182

**New Mailing Address:**

FEI Number: 20-1896966

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

TERRELONGE, ANTONIO  
300 NW 129 AVENUE  
MIAMI, FL 33182 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: TERRELONGE, ANTONIO  
Address: 300 NW 129 AVENUE  
City-St-Zip: MIAMI, FL 33182

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: ANTONIO TERRELONGE

P

05/24/2011

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

\_\_\_\_\_  
Date