

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000164505

Entity Name: JOCELYN BUENO MD PA

FILED  
Apr 24, 2012  
Secretary of State

**Current Principal Place of Business:**

819 CYPRESS VILLAGE BLVD  
RUSKIN, FL 33573 US

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 5506  
SUN CITY CENTER, FL 33571 US

**New Mailing Address:**

FEI Number: 20-1973851

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

BUENO, JOCELYN  
819 CYPRESS VILLAGE BLVD  
RUSKIN, FL 33573 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: PSTD  
Name: BUENO, JOCELYN  
Address: 819 CYPRESS VILLAGE BLVD  
City-St-Zip: RUSKIN, FL 33573 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: JOCELYN BUENO

PSTD

04/24/2012

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

\_\_\_\_\_ Date