

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000000979

**FILED**  
**Mar 21, 2012**  
**Secretary of State**

**Entity Name:** BERTHA MARCELLINO, M.D. PA

**Current Principal Place of Business:**

3003 S. CONGRESS AVENUE  
SUITE 1C  
PALM SPRINGS, FL 33461 US

**New Principal Place of Business:**

**Current Mailing Address:**

3003 S. CONGRESS AVENUE  
SUITE 1C  
PALM SPRINGS, FL 33461 US

**New Mailing Address:**

**FEI Number:** 20-2089727

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

MARCELLINO, BERTHA  
2860 SOUTH OCEAN BOULEVARD  
APT 509  
PALM BEACH, FL 33480 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:** MARCELLINO, BERTHA  
**Address:** 2860 SOUTH OCEAN BOULEVARD  
**City-St-Zip:** APT 509, FL 33480 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:** BERTHA MARCELLINO

P

03/21/2012

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

\_\_\_\_\_  
Date