2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 15, 2012
Secretary of State

DOCUMENT# P05000008473

Entity Name: AARON J. WEST, M.D., P.A.

Current Principal Place of Business:

10180 VINYARD LAKE ROAD EAST
JACKSONVILLE, FL 32256

New Principal Place of Business:

Current Mailing Address:

10180 VINYARD LAKE ROAD EAST
JACKSONVILLE, FL 32256

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

WEST, AARON J D
10180 VINEYARD LAKE ROAD EAST
JACKSONVILLE, FL 32256 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: D
Name: WEST, AARON J
Address: 10180 VINEYARD LAKE ROAD EAST
City-St-Zip: JACKSONVILLE, FL 32256

Title: D
Name: WEST, COLLEEN M
Address: 10180 VINEYARD LAKE ROAD EAST
City-St-Zip: JACKSONVILLE, FL 32256

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: AARON J. WEST, MD D 08/15/2012
Electronic Signature of Signing Officer or Director Date