

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000056782

FILED
Feb 21, 2011
Secretary of State

Entity Name: APRIL SMITH MENDOZA, M.D., P.A.

Current Principal Place of Business:

300 HEALTH PARK BLVD SUITE 1008
ST AUGUSTINE, FL 32086

New Principal Place of Business:

Current Mailing Address:

PO BOX 4543
ST AUGUSTINE, FL 32085

New Mailing Address:

FEI Number: 20-2703486

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STONEBURNER, GRESHAM R
841 PRUDENTIAL DR SUITE 1400
JACKSONVILLE, FL 32207 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: MENDOZA, APRIL S
Address: PO BOX 4543
City-St-Zip: ST AUGUSTINE, FL 32085

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: APRIL S. MENDOZA

PRES

02/21/2011

Electronic Signature of Signing Officer or Director

Date