

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000077930

Entity Name: D. MICHAEL JONES, MD PA

**FILED**  
**Mar 18, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

1111 12TH STREET  
SUITE 103  
KEY WEST, FL 33040

**New Principal Place of Business:**

**Current Mailing Address:**

1111 12TH STREET  
SUITE 103  
KEY WEST, FL 33040

**New Mailing Address:**

FEI Number: 59-3805131

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CATALFOMO, ANTHONY J  
C/O CATALFOMO & FARRELLY  
506 LOUISA STREET  
KEY WEST, FL 33040 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: JONES, DAN M  
Address: 408 LOUISA STREET  
City-St-Zip: KEY WEST, FL 33040

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: DAN MICHAEL JONES

P

03/18/2011

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

\_\_\_\_\_  
Date