

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000084785

Entity Name: SANTANA & PUIG, M.D. P.A.

**FILED**  
**Jan 05, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

14223 SW 42 ST  
MIAMI, FL 33175 64

**New Principal Place of Business:**

**Current Mailing Address:**

14223 SW 42 ST  
MIAMI, FL 33175 64

**New Mailing Address:**

FEI Number: 20-2990931

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

CABANAS & ASSOCIATES, P.A.  
10502 NW 26TH STREET STE C 201  
DORAL, FL 33172 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: PTD  
Name: PUIG, GLAUCO A MD  
Address: 14223 SW 42 ST  
City-St-Zip: MIAMI, FL 33175

Title: SVD  
Name: SANTANA-PORBEN, IDALMIS MD  
Address: 14223 SW 42 ST  
City-St-Zip: MIAMI, FL 33175

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: GLAUCO A PUIG

PTD

01/05/2012

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

\_\_\_\_\_  
Date