

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000100646

Entity Name: JAVIER FARACH, MD, P.A.

FILED  
Jan 25, 2012  
Secretary of State

**Current Principal Place of Business:**

1545 HAND AVENUE  
SUITE B1  
ORMOND BEACH, FL 32174 US

**New Principal Place of Business:**

**Current Mailing Address:**

238 TREELINE LANE  
ORMOND BEACH, FL 32174 US

**New Mailing Address:**

FEI Number: 90-0081053

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

FARACH, CARLOS J MD  
238 TREELINE LANE  
ORMOND BEACH, FL 32174 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: FARACH, CARLOS J MD  
Address: 238 TREELINE LANE  
City-St-Zip: ORMOND BEACH, FL 32174 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: CARLOS FARACH

P

01/25/2012

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

\_\_\_\_\_  
Date