

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000103177

FILED  
Mar 27, 2011  
Secretary of State

**Entity Name:** ARSENIO COLUMBIE, M.D., P.A.

**Current Principal Place of Business:**

5548 SW 8 STREET  
CORAL GABLES, FL 33134

**New Principal Place of Business:**

**Current Mailing Address:**

1330 SW 152 PLACE  
MIAMI, FL 33194

**New Mailing Address:**

**FEI Number:** 20-3190092

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

COLUMBIE, ARSENIO  
1330 SW 152 PLACE  
MIAMI, FL 33194 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: COLUMBIE, ARSENIO  
Address: 1330 SW 152 PLACE  
City-St-Zip: MIAMI, FL 33194

Title: VP  
Name: COLUMBIE, LIANE  
Address: 1330 SW 152 PLACE  
City-St-Zip: MIAMI, FL 33194

Title: TR  
Name: COLUMBIE, ARSENIO  
Address: 1330 SW 152 PLACE  
City-St-Zip: MIAMI, FL 33194

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: ARSENIO COLUMBIE

P

03/27/2011

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

\_\_\_\_\_ Date