

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000103581

**FILED**  
**Mar 01, 2011**  
**Secretary of State**

**Entity Name:** JOSE MANUEL SANCHEZ M.D., P.A.

**Current Principal Place of Business:**

2645 SW 37 AVE.  
SUITE 503  
MIAMI, FL 33133

**New Principal Place of Business:**

6498 SW  
24 STREET  
MIAMI, FL 33155

**Current Mailing Address:**

P. O. BOX 565811  
MIAMI, FL 33256

**New Mailing Address:**

**FEI Number:** 20-3334371

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SANCHEZ, JOSE MANUEL  
14048 SW 83RD PLACE  
MIAMI, FL 33158 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: PTS  
Name: SANCHEZ, JOSE MANUEL  
Address: P. O. BOX 565811  
City-St-Zip: MIAMI, FL 33256

Title: D  
Name: SANCHEZ, JOSE MANUEL  
Address: P. O. BOX 565811  
City-St-Zip: MIAMI, FL 33256

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: JOSE M SANCHEZ

P

03/01/2011

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date