

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000105373

Entity Name: AMADO VIERA, M.D., P.A.

**FILED**  
**Jan 12, 2010**  
**Secretary of State**

## **Current Principal Place of Business:**

777 EAST 25 STREET  
STE 118  
HIALEAH, FL 33013

## **New Principal Place of Business:**

## **Current Mailing Address:**

777 EAST 25 STREET  
STE 118  
HIALEAH, FL 33013

## **New Mailing Address:**

FEI Number: 27-0129723

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

VIERA, LIZ Y  
12720 IXORA ROAD  
MIAMI, FL 33181 US

## **Name and Address of New Registered Agent:**

VIERA, LIZ Y  
9124 COLLINS AVENUE, APT. 305  
SURFSIDE, FL 33154 US

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: LIZ Y. VIERA

01/12/2010

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

Title: P  
Name: VIERA, AMADO MD  
Address: 777 EAST 25 STREET SUITE 118  
City-St-Zip: HIALEAH, FL 33013

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: AMADO VIERA, MD

PRES

01/12/2010

Electronic Signature of Signing Officer or Director

Date