

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000105373

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

FILED  
Apr 12, 2012  
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 (X)

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

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

P

04/12/2012

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

\_\_\_\_\_ Date