

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000107636

Entity Name: ROBERT JALOSINSKI, MD, PA

**FILED**  
**Jan 08, 2011**  
**Secretary of State**

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

850 CENTRAL AVENUE  
100  
NAPLES, FL 34102 US

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

## **Current Mailing Address:**

PO BOX 279  
ESTERO, FL 33928 US

## **New Mailing Address:**

FEI Number: 20-3262658

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

JALOSINSKI, ROBERT  
23433 OLDE MEADOWBROOK CIRCLE  
BONITA SPRINGS, FL 34134 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,T  
Name: JALOSINSKI, ROBERT  
Address: 23433 OLDE MEADOWBROOK CIRCLE  
City-St-Zip: BONITA SPRINGS, FL 34134 US

Title: V, S  
Name: JALOSINSKI, RENATA  
Address: 23433 OLDE MEADOWBROOK CIRCLE  
City-St-Zip: BONITA SPRINGS, FL 34134 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: RENATA JALOSINSKI

V, S

01/08/2011

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

\_\_\_\_\_  
Date