

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000158148

**FILED**  
**Apr 13, 2012**  
**Secretary of State**

**Entity Name:** CENTRAL FLORIDA BREAST CENTER, P.A.

**Current Principal Place of Business:**

2200 GLENWOOD DR  
SUITE 201  
WINTER PARK, FL 32792

**New Principal Place of Business:**

**Current Mailing Address:**

2200 GLENWOOD DR  
SUITE 201  
WINTER PARK, FL 32792

**New Mailing Address:**

**FEI Number:** 20-3883875

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SACHEDINA, SHENIN M D.O.  
2200 GLENWOOD DR  
SUITE 201  
WINTER PARK, FL 32792 US

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

SACHEDINA, SHENIN M DOFACOS  
2200 GLENWOOD DR  
SUITE 201  
WINTER PARK, FL 32792 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:** SHENIN SACHEDINA, DO, FACOS

04/13/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** DR  
**Name:** SACHEDINA, SHENIN M DOFACOS  
**Address:** 2200 GLENWOOD DR SUITE 201  
**City-St-Zip:** WINTER PARK, FL 32792

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:** SHENIN SACHEDINA, DO, FACOS

DR

04/13/2012

Electronic Signature of Signing Officer or Director

Date