

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000014866

**FILED**  
**Feb 15, 2012**  
**Secretary of State**

**Entity Name:** LUNA BECK, M.D. & ASSOCIATES, P.A.

**Current Principal Place of Business:**

17820 SE 109TH AVE., SUITE 107  
SUITE 107  
SUMMERFIELD, FL 34491 US

**New Principal Place of Business:**

**Current Mailing Address:**

17820 SE 109TH AVE., SUITE 107  
SUITE 107  
SUMMERFIELD, FL 34491 US

**New Mailing Address:**

**FEI Number:** 20-4224678

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SWIGERT, BRETT L P.A.  
1231 COUNTY ROAD 452  
EUSTIS, FL 32726 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: PSTD  
Name: BECK, LUNA  
Address: 17820 SE 109TH AVE., STE 107  
City-St-Zip: SUMMERFIELD, FL 34491

Title: VP  
Name: LARSON, DAVID  
Address: 17820 SE 109TH AVE., STE 107  
City-St-Zip: SUMMERFIELD, FL 34491

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: DAVID LARSON

VP

02/15/2012

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

\_\_\_\_\_  
Date