## 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000024864

Entity Name: VICTOR VALENTIN, M.D. P.A.

**FILED** Mar 08, 2010 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

3115 W. COLUMBUS DR 4600 N. HABANA AVE STE 111 STE 35

TAMPA, FL 33607 TAMPA, FL 33614

**Current Mailing Address: New Mailing Address:** 

3115 W. COLUMBUS DR 4600 N. HABANA AVE

STE 111 STE 35 TAMPA, FL 33607 US

TAMPA, FL 33614 US

FEI Number: 20-4323612 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

VALENTIN, VICTOR M.D. VALENTIN, VICTOR M.D. 3115 W. CÓLUMBUS DR 4600 N. HÁBANA AVE TAMPA, FL 33607 US TAMPA, FL 33614 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: VICTOR VALENTIN MD 03/08/2010

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

Title:

VALENTIN, VICTOR M.D. Name: 4600 N. HABANA AVE STE 35 Address: City-St-Zip: TAMPA, FL 33614 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.

Ρ SIGNATURE: VICTOR VALENTIN MD 03/08/2010