

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000033207

FILED  
Apr 05, 2012  
Secretary of State

**Entity Name:** FRANCESCA GALLARELLO M.D., P.A.

**Current Principal Place of Business:**

4302 ALTON ROAD  
SUITE 800  
MIAMI BEACH, FL 33140

**New Principal Place of Business:**

**Current Mailing Address:**

1172 SOUTH DIXIE HIGHWAY  
SUITE 275  
CORAL GABLES, FL 33146

**New Mailing Address:**

**FEI Number:** 20-4389448

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GALLARELLO, FRANCESCA  
1172 SOUTH DIXIE HIGHWAY  
SUITE 275  
CORAL GABLES, FL 33146 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: PD  
Name: GALLARELLO, FRANCESCA  
Address: 1172 SOUTH DIXIE HIGHWAY, SUITE 275  
City-St-Zip: CORAL GABLES, FL 33146

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: FRANCESCA GALLARELLO

PRES

04/05/2012

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

\_\_\_\_\_  
Date