

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000052065

**FILED**  
**Jan 09, 2011**  
**Secretary of State**

**Entity Name:** RAFAEL CHIONG M.D., P.A.

**Current Principal Place of Business:**

11880 SW 40 STREET  
405  
MIAMI, FL 33175

**New Principal Place of Business:**

**Current Mailing Address:**

778 NW 131 ST AVE  
MIAMI, FL 33182

**New Mailing Address:**

**FEI Number:** 22-3928602

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

CHIONG, RAFAEL  
778 NW 131 ST AVE  
MIAMI, FL 33182 US

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

CHIONG, RAFAEL MD  
778 NW 131 ST AVE  
MIAMI, FL 33182 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: RAFAEL CHIONG

01/09/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PSTD  
Name: CHIONG, RAFAEL MD  
Address: 778 NW 131ST AVE  
City-St-Zip: MIAMI, FL 33182

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: RAFAEL CHIONG

PSTD

01/09/2011

Electronic Signature of Signing Officer or Director

Date