

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000064125

**FILED**  
**Feb 05, 2011**  
**Secretary of State**

**Entity Name:** JORGE RUIZ LLANES, MD PA

**Current Principal Place of Business:**

700 SE 5TH TERRACE  
SUITE 2  
CRYSTAL RIVER, FL 34429 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 1240  
LECANTO, FL 34460 US

**New Mailing Address:**

**FEI Number:** 65-1279021

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

RUIZ LLANES, JORGE  
1896 N. RAVENWOOD PT  
HERNANDO, FL 34442 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: PT  
Name: RUIZ LLANES, JORGE MD  
Address: 1896 N. RAVENWOOD PT  
City-St-Zip: HERNANDO, FL 34442 US

Title: VPS  
Name: RUIZ, VIVIANA  
Address: 1896 N. RAVENWOOD PT  
City-St-Zip: HERNANDO, FL 34442 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.

SIGNATURE: JORGE RUIZ LLANES

PT

02/05/2011

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

\_\_\_\_\_  
Date