

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000086552

FILED  
Jan 06, 2012  
Secretary of State

**Entity Name:** LIVIA A. DELGADO, M.D., P.A.

**Current Principal Place of Business:**

8550 WEST FLAGLER ST.  
SUITE 109  
MIAMI, FL 33144

**New Principal Place of Business:**

**Current Mailing Address:**

8550 WEST FLAGLER ST.  
SUITE 109  
MIAMI, FL 33144

**New Mailing Address:**

**FEI Number:** 20-5131559

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DELGADO, LIVIA A  
418 SW 87 CT  
MIAMI, FL 33174 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: D  
Name: DELGADO, LIVIA A  
Address: 8550 WEST FLAGLER ST.  
City-St-Zip: MIAMI, FL 33144

Title: D  
Name: AROSTEGUI, EMILIO A  
Address: 8550 WEST FLAGLER ST.  
City-St-Zip: MIAMI, FL 33144

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: LIVIA A. DELGADO

D

01/06/2012

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

\_\_\_\_\_  
Date