

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000109085

Entity Name: BRIAN PAVLAS, DPM, P.A.

**FILED**  
**Apr 28, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

4821 SW 64TH CT  
MIAMI, FL 33155 US

**New Principal Place of Business:**

**Current Mailing Address:**

4821 SW 64TH CT  
MIAMI, FL 33155 US

**New Mailing Address:**

FEI Number: 20-5539344

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

PAVLAS, BRIAN C  
4821 SW 64TH CT  
MIAMI, FL 33155 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: P  
Name: PAVLAS, BRIAN C  
Address: 4821 SW 64TH CT  
City-St-Zip: MIAMI, FL 33155 US

Title: VP  
Name: ROSELLO, ALDO T  
Address: 4821 SW 64TH CT  
City-St-Zip: MIAMI, FL 33155 FL

Title: T  
Name: ROSELLO, ALDO T  
Address: 4821 SW 64TH CT  
City-St-Zip: MIAMI, FL 33155 US

Title: S  
Name: ROSELLO, ALDO T  
Address: 4821 SW 64TH CT  
City-St-Zip: MIAMI, FL 33155 FL

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: BRIAN PAVLAS

P

04/28/2011

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

\_\_\_\_\_  
Date