

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000109554

**FILED**  
**Feb 19, 2011**  
**Secretary of State**

**Entity Name:** ALVIN RUANGSOMBOON M.D., P.A.

**Current Principal Place of Business:**

1504 BAY RD  
3204  
MIAMI BEACH, FL 33139 US

**New Principal Place of Business:**

1504 BAY RD  
2911  
MIAMI BEACH, FL 33139 US

**Current Mailing Address:**

1504 BAY RD  
3204  
MIAMI BEACH, FL 33139 US

**New Mailing Address:**

1504 BAY RD  
2911  
MIAMI BEACH, FL 33139 US

**FEI Number:** 20-5418267

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

RUANGSOMBOON, ALVIN MD  
1504 BAY RD  
3204  
MIAMI BEACH, FL 33139 US

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

RUANGSOMBOON, ALVIN MD  
1504 BAY RD  
2911  
MIAMI BEACH, FL 33139 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:

Electronic Signature of Registered Agent

02/19/2011

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: RUANGSOMBOON, ALVIN  
Address: 1504 BAY RD # 2911  
City-St-Zip: MIAMI BEACH, FL 33139P 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: ALVIN RUANGSOMBOON

P

02/19/2011

Electronic Signature of Signing Officer or Director

Date