

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000142706

**FILED**  
**Apr 04, 2011**  
**Secretary of State**

**Entity Name:** MC MEDICAL ASSOCIATES, P.A.

**Current Principal Place of Business:**

1519 SE 47TH STREET  
CAPE CORAL, FL 33904 US

**New Principal Place of Business:**

**Current Mailing Address:**

6531 PLANTATION PRESERVE CIRCLE N.  
FT. MYERS, FL 33966 US

**New Mailing Address:**

**FEI Number:** 20-5854304

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CANDELORE, MICHELE  
6531 PLANTATION PRESERVE CIRCLE N.  
FT. MYERS, FL 33966 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: PDTS  
Name: CANDELORE, MICHELE  
Address: 6531 PLANTATION PRESERVE CIRCLE N.  
City-St-Zip: FT. MYERS, FL 33966 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: MICHELE CANDELORE

PDTS

04/04/2011

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

\_\_\_\_\_  
Date