

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000028924

Entity Name: CELIA REYES, M.D., P.A.

FILED  
Apr 13, 2010  
Secretary of State

**Current Principal Place of Business:**

250 COMPASS DRIVE  
FORT LAUDERDALE, FL 33308

**New Principal Place of Business:**

250 N COMPASS DRIVE  
FORT LAUDERDALE, FL 33308

**Current Mailing Address:**

250 COMPASS DRIVE  
FORT LAUDERDALE, FL 33308

**New Mailing Address:**

250 N COMPASS DRIVE  
FORT LAUDERDALE, FL 33308

FEI Number: 20-8564175

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

REYES, CELIA M.D.  
250 COMPASS DRIVE  
FORT LAUDERDALE, FL 33308 US

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

REYES, CELIA M.D.  
250 N COMPASS DRIVE  
FORT LAUDERDALE, FL 33308 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

04/13/2010

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P  
Name: REYES, CELIA M.D.  
Address: 250 N COMPASS DRIVE  
City-St-Zip: FORT LAUDERDALE, FL 33308

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: CELIA REYES, MD

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

PRES

04/13/2010

\_\_\_\_\_  
Date