

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000028924

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

FILED  
Apr 03, 2011  
Secretary of State

**Current Principal Place of Business:**

250 N COMPASS DRIVE  
FORT LAUDERDALE, FL 33308

**New Principal Place of Business:**

**Current Mailing Address:**

250 N COMPASS DRIVE  
FORT LAUDERDALE, FL 33308

**New Mailing Address:**

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 N COMPASS DRIVE  
FORT LAUDERDALE, FL 33308 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: 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

PRES

04/03/2011

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

\_\_\_\_\_ Date