

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000066118

FILED  
Apr 26, 2011  
Secretary of State

**Entity Name:** JUAN PASTOR-CERVANTES, MD,PA

**Current Principal Place of Business:**

685 HARBOR DRIVE  
KEY BISCAYNE, FL 33149

**New Principal Place of Business:**

**Current Mailing Address:**

685 HARBOR DRIVE  
KEY BISCAYNE, FL 33149

**New Mailing Address:**

**FEI Number:** 26-0293353      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

FRIEDMAN, JUDAH  
3335 N. UNIVERSITY DRIVE  
SUITE 8  
DAVIE, FL 33024 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: PASTOR-CERVANTES, JUAN  
Address: 685 HARBOR DRIVE  
City-St-Zip: KEY BISCAYNE, FL 33149

Title: S  
Name: PASTOR-CERVANTES, ALBA M  
Address: 685 HARBOR DRIVE  
City-St-Zip: KEY BISCAYNE, FL 33149

Title: T  
Name: HERNANDEZ, OSCAR  
Address: 14031 S.W. 74TH TERRACE  
City-St-Zip: MIAMI, FL 33183

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: JUAN PASTOR-CERVANTES

P

04/26/2011

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

\_\_\_\_\_ Date