

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000088436

Entity Name: AMARILIS ACEVEDO, PH.D., PA

**FILED**  
**Jan 16, 2011**  
**Secretary of State**

## **Current Principal Place of Business:**

20801 BISCAYNE BLVD  
403  
AVENTURA, FL 33180

## **New Principal Place of Business:**

16019 SW 54 COURT  
MIRAMAR, FL 33027

## **Current Mailing Address:**

PO BOX 277706  
MIRAMAR, FL 33027

## **New Mailing Address:**

FEI Number: 26-0652845

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ACEVEDO, AMARILIS  
20801 BISCAYNE BLVD  
403  
AVENTURA, FL 33180 US

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

ACEVEDO, AMARILIS  
16019 SW 54 COURT  
MIRAMAR, FL 33027 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: AMARILIS ACEVEDO

01/16/2011

Electronic Signature of Registered Agent

Date

## **OFFICERS AND DIRECTORS:**

Title: P/D  
Name: ACEVEDO, AMARILIS  
Address: 16019 SW 54 COURT  
City-St-Zip: MIRAMAR, FL 33027

Title: S  
Name: ACEVEDO, AMARILIS  
Address: 16019 SW 54 COURT  
City-St-Zip: MIRAMAR, FL 33027

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: AMARILIS ACEVEDO, PHD

PRES

01/16/2011

Electronic Signature of Signing Officer or Director

Date