2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2011
Secretary of State

DOCUMENT# P07000097874

Entity Name: NELSON GUEVARA, M.D., P.A.

Current Principal Place of Business:

1416 ALGERIA AVE.
CORAL GABLES, FL 33134

New Principal Place of Business:

5504 BEAR CLAW CT
SAINT JOHNS, FL 32259 11

Current Mailing Address:

1416 ALGERIA AVE.
CORAL GABLES, FL 33134

New Mailing Address:

5504 BEAR CLAW CT
SAINT JOHNS, FL 32259 11

FEI Number: 26-0829557 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GUEVARA, NELSON V M.D.
1416 ALGERIA AVE.
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

GUEVARA, NELSON V M.D.
5504 BEAR CLAW CT
SAINT JOHNS, FL 32259 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: NELSON V. GUEVARA, M.D. 04/25/2011
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P
Name: GUEVARA, NELSON
Address: 5504 BEAR CLAW CT
City-St-Zip: SAINT JOHNS, FL 32259 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: NELSON V. GUEVARA, M.D. CEO 04/25/2011
Electronic Signature of Signing Officer or Director Date