

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000099239

Entity Name: JAIME PENIX, M.D., P.A.

FILED
Apr 30, 2011
Secretary of State

Current Principal Place of Business:

3801 N HWY 19-A SUITE 400
MOUNT DORA, FL 32757

New Principal Place of Business:

3801 N HWY 19-A
SUITE 400
MOUNT DORA, FL 32757

Current Mailing Address:

3801 N HWY 19-A SUITE 400
MOUNT DORA, FL 32757

New Mailing Address:

3801 N HWY 19-A
SUITE 400
MOUNT DORA, FL 32757

FEI Number: 26-0850863

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PENIX, JAIME M.D.
3801 N HWY 19-A SUITE 400
MOUNT DORA, FL 32757 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: D
Name: PENIX, JAIME M.D.
Address: 3801 N HWY 19-A SUITE 400
City-St-Zip: MOUNT DORA, FL 32757

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: JAIME PENIX

MD

04/30/2011

Electronic Signature of Signing Officer or Director

Date