

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000131571

Entity Name: A. CASARETTO, M.D., P.A.

**FILED**  
**Jul 02, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

407 SE 9TH ST  
STE. 103  
FT. LAUDERDALE, FL 33316

**New Principal Place of Business:**

**Current Mailing Address:**

407 SE 9TH ST., STE. 103  
FT. LAUDERDALE, FL 33316

**New Mailing Address:**

FEI Number: 26-1748608

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CASARETTO, ALBERTO DIR.  
407 SE 9TH ST  
STE. 103  
FORT LAUDERDALE, FL 33316 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: DR.  
Name: CASARETTO, ALBERTO  
Address: 407 SE 9TH ST  
City-St-Zip: FORT LAUDERDALE, FL 33316

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: ALBERTO CASARETTO

DIR.

07/02/2010

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

\_\_\_\_\_  
Date