

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000011173

**Entity Name:** RONNY AQUININ, M.D., P.A.

**FILED**  
**Feb 23, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

10093 BAY HARBOUR TERRACE  
BAY HARBOUR ISLANDS, FL 33154 US

**New Principal Place of Business:**

**Current Mailing Address:**

10093 BAY HARBOUR TERRACE  
BAY HARBOUR ISLANDS, FL 33154 US

**New Mailing Address:**

**FEI Number:** 26-1852445

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

AQUININ, RONNY  
10093 BAY HARBOUR TERRACE  
BAY HARBOUR ISLANDS, FL 33154 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: AQUININ, RONNY  
Address: 10093 BAY HARBOUR TERRACE  
City-St-Zip: BAY HARBOUR ISLANDS, FL 33154 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: RONNY AQUININ

PRES

02/23/2011

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

\_\_\_\_\_  
Date