

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000038926

**FILED**  
**Feb 09, 2012**  
**Secretary of State**

**Entity Name:** ARIEL FIGUEREDO, M.D., P.A.

**Current Principal Place of Business:**

602 SE 16TH PLACE  
CAPE CORAL, FL 33990

**New Principal Place of Business:**

**Current Mailing Address:**

602 SE 16TH PLACE  
CAPE CORAL, FL 33990

**New Mailing Address:**

**FEI Number:** 26-2433728

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

FIGUEREDO, ARIEL MD  
9640 PINEAPPLE PRESERVE CT.  
FT. MYERS, FL 33908 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: PSTD  
Name: FIGUEREDO, ARIEL MD  
Address: 9640 PINEAPPLE PRESERVE CT.  
City-St-Zip: FT. MYERS, FL 33908

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: ARIEL FIGUEREDO MD

CEO

02/09/2012

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

\_\_\_\_\_  
Date