

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000044338

**FILED**  
**Mar 14, 2012**  
**Secretary of State**

**Entity Name:** MARIA UNCANGCO TEDTAOTAO, M.D., P.A.

**Current Principal Place of Business:**

817 OHIO AVE  
LYNN HAVEN, FL 32408

**New Principal Place of Business:**

817 OHIO AVE  
LYNN HAVEN, FL 32444

**Current Mailing Address:**

817 OHIO AVE  
LYNN HAVEN, FL 32408

**New Mailing Address:**

817 OHIO AVE  
LYNN HAVEN, FL 32444

**FEI Number:** 76-0490542

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

TEDTAOTAO, MARIA U  
117 OAKRIDGE PL  
PANAMA CITY BCH, FL 32408 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: PVST  
Name: TEDTAOTAO, MARIA U M.D.  
Address: 117 OAKRIDGE PL  
City-St-Zip: PCB, FL 32408

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: MARIA U. TEDTAOTAO, M.D., P.A.

PVST

03/14/2012

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

\_\_\_\_\_ Date