

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000001543

**FILED**  
**Apr 02, 2012**  
**Secretary of State**

**Entity Name:** CARLOS R. AZARET, M.D., P.A.

**Current Principal Place of Business:**

5037 COUNTRYBROOK DRIVE  
COOPER CITY, FL 33330

**New Principal Place of Business:**

7309 NW 127TH WAY  
PARKLAND, FL 33076

**Current Mailing Address:**

5037 COUNTRYBROOK DRIVE  
COOPER CITY, FL 33330

**New Mailing Address:**

7309 NW 127TH WAY  
PARKLAND, FL 33076

**FEI Number:** 26-4003651

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

AZARET, CARLOS R M.D.  
5037 COUNTRYBROOK DRIVE  
COOPER CITY, FL 33330 US

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

AZARET, CARLOS R M.D.  
7309 NW 127TH WAY  
PARKLAND, FL 33076 US

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

04/02/2012

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: AZARET, CARLOS R MD  
Address: 7309 NW 127TH WAY  
City-St-Zip: PARKLAND, FL 33076

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: CARLOS R AZARET

CEO

04/02/2012

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

\_\_\_\_\_  
Date