

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000004359

Entity Name: PAUL LOUIS, M.D., P.A.

**FILED**  
**Mar 11, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

7429 LONDON LANE  
BOCA RATON, FL 33433

**New Principal Place of Business:**

22272 HOLLYHOCK TRAIL  
BOCA RATON, FL 33433

**Current Mailing Address:**

7429 LONDON LANE  
BOCA RATON, FL 33433

**New Mailing Address:**

22272 HOLLYHOCK TRAIL  
BOCA RATON, FL 33433

FEI Number: 26-4133995

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

LOUIS, M.D., P.A., PAUL  
7429 LONDON LANE  
BOCA RATON, FL 33433 US

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

LOUIS, M.D., P.A., PAUL  
22272 HOLLYHOCK TRAIL  
BOCA RATON, FL 33433 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:

03/11/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: LOUIS, PAUL  
Address: 22272 HOLLYHOCK TRAIL  
City-St-Zip: BOCA RATON, FL 33433

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: PML

D

03/11/2011

Electronic Signature of Signing Officer or Director

Date