

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000009833

Entity Name: MICHELLE PALEY, M.D., P.A.

**FILED**  
**Jul 13, 2010**  
**Secretary of State**

## **Current Principal Place of Business:**

1096 NE 97TH STREET  
MIAMI SHORES, FL 33138

## **New Principal Place of Business:**

1900 SUNSET HARBOUR DRIVE  
SUITE 2  
MIAMI BEACH, FL 33139

## **Current Mailing Address:**

1096 NE 97TH STREET  
MIAMI SHORES, FL 33138

## **New Mailing Address:**

1900 SUNSET HARBOUR DRIVE  
SUITE 2  
MIAMI BEACH, FL 33139

FEI Number: 26-4184625

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

PALEY, MICHELLE  
1096 NE 97TH STREET  
MIAMI SHORES, FL 33138 US

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

PALEY, MICHELLE  
1900 SUNSET HARBOUR DRIVE  
SUITE 2  
MIAMI BEACH, FL 33139 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:

07/13/2010

Electronic Signature of Registered Agent

Date

## **OFFICERS AND DIRECTORS:**

Title: D  
Name: PALEY, MICHELLE  
Address: 1900 SUNSET HARBOUR DRIVE, SUITE 2  
City-St-Zip: MIAMI BEACH, FL 33139

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: MICHELLE PALEY

MD

07/13/2010

Electronic Signature of Signing Officer or Director

Date