

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000036945

Entity Name: LUIS APONTE,M.D., P.A.

FILED  
Apr 30, 2011  
Secretary of State

**Current Principal Place of Business:**

301 W PLATT ST #30  
TAMPA, FL 33606

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 4542  
TAMPA, FL 33677

**New Mailing Address:**

FEI Number: 26-4743158

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

APONTE, LUIS MD  
301 W PLATT ST #30  
TAMPA, FL 33606 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: P  
Name: APONTE, LUIS MD  
Address: PO BOX 4542  
City-St-Zip: TAMPA, FL 33607

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: LUIS APONTE

P

04/30/2011

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

\_\_\_\_\_ Date