

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000060069

**FILED**  
**Apr 22, 2012**  
**Secretary of State**

**Entity Name:** MIGUEL J. TEPEDINO, M.D., P.A.

**Current Principal Place of Business:**

1717 SW NEWLAND WAY  
LAKE CITY, FL 32025

**New Principal Place of Business:**

**Current Mailing Address:**

POST OFFICE BOX 2603  
LAKE CITY, FL 320562603

**New Mailing Address:**

1717 SW NEWLAND WAY  
LAKE CITY, FL 32025

**FEI Number:** 27-0548001

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CORTES, JR, JOSE H ESQ.  
4 SOUTHEAST BROADWAY STREET  
OCALA, FL 34471 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:** PRES  
**Name:** TEPEDINO, MIGUEL J M.D.  
**Address:** POST OFFICE BOX 2603  
**City-St-Zip:** LAKE CITY, FL 320562603

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:** MIGUEL J. TEPEDINO, M.D.

PRES

04/22/2012

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

\_\_\_\_\_  
Date