

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000074066

Entity Name: DR. MARTA ACOSTA P.A.

**FILED**  
**Aug 03, 2010**  
**Secretary of State**

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

6917 COLLINS AVE  
SUITE 1426  
MIAMI BEACH, FL 33141

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

7330 OCEAN TERRACE  
SUITE 2003  
MIAMI BEACH, FL 33141

## **Current Mailing Address:**

6917 COLLINS AVE  
SUITE 1426  
MIAMI BEACH, FL 33141

## **New Mailing Address:**

7330 OCEAN TERRACE  
SUITE 2003  
MIAMI BEACH, FL 33141

FEI Number: 27-0912933

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ACOSTA, MARTA  
6917 COLLINS AVE  
1426  
MIAMI BEACH, FL 33141 US

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

ACOSTA, MARTA  
7330 OCEAN TERRACE  
2003  
MIAMI BEACH, FL 33141 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: MARTA ACOSTA

08/03/2010

Electronic Signature of Registered Agent

Date

## **OFFICERS AND DIRECTORS:**

Title: P  
Name: ACOSTA, MARTA  
Address: 7330 OCEAN TERRACE SUITE 2003  
City-St-Zip: MIAMI BEACH, FL 33141

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: MARTA ACOSTA

P

08/03/2010

Electronic Signature of Signing Officer or Director

Date