

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000077369

**FILED**  
**Apr 11, 2012**  
**Secretary of State**

**Entity Name:** DANIEL E. CAREAGA, MD, P.A.

**Current Principal Place of Business:**

3661 SOUTH MIAMI AVE  
MERCY PROFESSIONAL BDG SUITE 402  
MIAMI, FL 33133 US

**New Principal Place of Business:**

**Current Mailing Address:**

9861 SW 147TH STREET  
MIAMI, FL 33176

**New Mailing Address:**

**FEI Number:** 27-0944349

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CAREAGA, DANIEL E DR  
9861 SW 147TH STREET  
MIAMI, FL 33176 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: PVST  
Name: CAREAGA, DANIEL E DR  
Address: 9861 SW 147TH STREET  
City-St-Zip: MIAMI, FL 33176 US

Title: DR.  
Name: CAREAGA, DANIEL E  
Address: 9861 SW 147TH STREET  
City-St-Zip: MIAMI, FL 33176 US

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: DANIEL CAREAGA

DR

04/11/2012

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

\_\_\_\_\_  
Date