

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000010945

Entity Name: JAMES CAIN M.D., P.A.

**FILED**  
**Feb 17, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

2050 40TH AVE  
VERO BEACH, FL 32960

**New Principal Place of Business:**

816 ACACIA ROAD  
VERO BEACH, FL 32963

**Current Mailing Address:**

2050 40TH AVE  
VERO BEACH, FL 32960

**New Mailing Address:**

816 ACACIA ROAD  
VERO BEACH, FL 32963

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

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

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145 US

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

SPIEGEL & UTRERA, P.A.  
1840 CORAL WAY  
4TH FLOOR  
MIAMI, FL 33145 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: JAMES LEE CAIN

02/17/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DR  
Name: CAIN, JAMES L  
Address: 816 ACACIA ROAD  
City-St-Zip: VERO BEACH, FL 32963

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: JAMES LEE CAIN

DR

02/17/2012

Electronic Signature of Signing Officer or Director

Date