

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000012175

**FILED**  
**Apr 15, 2012**  
**Secretary of State**

**Entity Name:** CESAR SANTIAGO, M.D., P.A.

**Current Principal Place of Business:**

12978 TURTLE COVE TRAIL  
N. FORT MYERS, FL 33903

**New Principal Place of Business:**

123 BISCAYNE AVE  
TAMPA, FL 33606 US

**Current Mailing Address:**

123 BISCAYNE AVE  
TAMPA, FL 33606

**New Mailing Address:**

**FEI Number:** 27-1911432

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ADAMS, MAX A ESQ.  
THE MEDI-LAW FIRM  
1400 N.W. 10TH AVE, PENTHOUSE 111  
MIAMI, FL 33136 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: MD  
Name: SANTIAGO, CESAR  
Address: 123 BISCAYNE AVE  
City-St-Zip: TAMPA, FL 33606

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: CESAR A. SANTIAGO

MD

04/15/2012

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

\_\_\_\_\_  
Date