

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000028837

**FILED**  
**Mar 23, 2011**  
**Secretary of State**

**Entity Name:** ANNETTE FORNOS M.D. P.A.

**Current Principal Place of Business:**

287 PARK BLVD.  
MIAMI, FL 33126

**New Principal Place of Business:**

8370 WEST FLAGLER STREET  
SUITE 244-246  
MIAMI, FL 33144

**Current Mailing Address:**

287 PARK BLVD.  
MIAMI, FL 33126

**New Mailing Address:**

8370 WEST FLAGLER STREET  
SUITE 244-246  
MIAMI, FL 33144

**FEI Number:** 27-2231295

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

FORNOS, ANNETTE  
16001 S.W. 43 TERR  
MIAMI, FL 33185 US

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

FORNOS, ANNETTE  
8370 WEST FLAGLER STREET  
SUITE 244-246  
MIAMI, FL 33144 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:

03/23/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: FORNOS, ANNETTE  
Address: 8370 WEST FLAGLER STREET- SUITE 244-246  
City-St-Zip: MIAMI, FL 33144

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: ANNETTE FORNOS

MD

03/23/2011

Electronic Signature of Signing Officer or Director

Date