

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000036957

**FILED**  
**Mar 22, 2012**  
**Secretary of State**

**Entity Name:** LORITES MEDICAL GROUP M.D. P.A. & ASSOCIATES

**Current Principal Place of Business:**

10210 NICARAGUA DRIVE  
CUTLER RIDGE, FL 33189

**New Principal Place of Business:**

8300 WEST FLAGLER ST STE. 112  
MIAMI, FL 33144 UN

**Current Mailing Address:**

10210 NICARAGUA DRIVE  
CUTLER RIDGE, FL 33189

**New Mailing Address:**

**FEI Number:** 27-2459208

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LORIFES, JESUS M.D.  
8300 WEST FLAGLER STREET  
STE 112  
MIAMI, FL 33144 US

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

LORITES, JESUS M.D.  
8300 WEST FLAGLER STREET  
STE 112  
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: JESUS LORITES

03/22/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PVPS  
Name: LORITES, JESUS M.D.  
Address: 8300 WEST FLAGLER STREET STE 112  
City-St-Zip: MIAMI, FL 33144

Title: TD  
Name: LORITES, JESUS M.D.  
Address: 8300 WEST FLAGLER STREET STE 112  
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: JESUS LORITES

PVPS

03/22/2012

Electronic Signature of Signing Officer or Director

Date