

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000065890

**FILED**  
**Apr 25, 2012**  
**Secretary of State**

**Entity Name:** WILJON W. BELTRE MD, PA

**Current Principal Place of Business:**

106 BOSTON AVE, SUITE 206  
ALTAMONTE SPRINGS, FL 32701

**New Principal Place of Business:**

**Current Mailing Address:**

106 BOSTON AVE, SUITE 206  
ALTAMONTE SPRINGS, FL 32701

**New Mailing Address:**

106 BOSTON AVE  
206  
ALTAMONTE SPRINGS, FL 32701

**FEI Number:** 27-3519099

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BELTRE, WILJON W MD  
521 W STATE RD 434  
301  
LONG WOOD, FL 32750 US

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

BELTRE, WILJON W MD  
106 BOSTON AVE  
206  
ALTAMONTE SPRINGS, FL 32701 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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

04/25/2012

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: BELTRE, WILJON W  
Address: 3416 HOLLIDAY AVE  
City-St-Zip: APOPKA, FL 32703

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: WILJON W BELTRE

PRES

04/25/2012

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

\_\_\_\_\_  
Date