

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000079478

**FILED**  
**Apr 01, 2011**  
**Secretary of State**

**Entity Name:** IDEAL PRACTICE AND RISK MANAGEMENT, INC.

**Current Principal Place of Business:**

9460 FONTAINBLUE BLVD., SUITE 523  
MIAMI, FL 33172

**New Principal Place of Business:**

**Current Mailing Address:**

9460 FONTAINBLUE BLVD., SUITE 523  
MIAMI, FL 33172

**New Mailing Address:**

**FEI Number:** 27-3587761

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DEL VALLE, ALBERTO  
9460 FONTAINBLUE BLVD., SUITE 523  
MIAMI, FL 33172 US

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

SILVERIO, PABLO  
9460 FONTAINBLUE BLVD  
SUITE 523  
MIAMI, FL 33172 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: PABLO SILVERIO

04/01/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: SILVERIO, PABLO  
Address: 9460 FONTAINBLUE BLVD., SUITE 523  
City-St-Zip: MIAMI, FL 33172

Title: VD  
Name: SIFAKES, ANGELO  
Address: 9460 FONTAINBLUE BLVD., SUITE 523  
City-St-Zip: MIAMI, FL 33172

Title: TSD  
Name: DEL VALLE, ALBERTO  
Address: 9460 FONTAINBLUE BLVD., SUITE 523  
City-St-Zip: MIAMI, FL 33172

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: PABLO SILVERIO

PD

04/01/2011

Electronic Signature of Signing Officer or Director

Date