

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000091338

**FILED**  
**Feb 25, 2011**  
**Secretary of State**

**Entity Name:** DYNAMIC CARE PHYSICIANS, P.A.

**Current Principal Place of Business:**

93 DELANNOY AVE APT 904  
COCOA, FL 329228009

**New Principal Place of Business:**

93 DELANNOY AVE APT 904  
COCOA, FL 329228009 US

**Current Mailing Address:**

93 DELANNOY AVE APT 904  
COCOA, FL 329228009

**New Mailing Address:**

93 DELANNOY AVE APT 904  
COCOA, FL 329228009 US

**FEI Number:** 27-3951807

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SILVA, MARIANA  
93 DELANNOY AVE APT 904  
COCOA, FL 329228009 US

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

SILVA, MARIANA PST  
93 DELANNOY AVE APT 904  
COCOA, FL 329228009 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: MARIANA SILVA

02/25/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PST  
Name: SILVA, MARIANA  
Address: 93 DELANNOY AVE UNIT 904  
City-St-Zip: COCOA, FL 329228009 US

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: MARIANA SILVA

PST

02/25/2011

Electronic Signature of Signing Officer or Director

Date