

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000099893

**FILED**  
**Aug 10, 2011**  
**Secretary of State**

**Entity Name:** PATRICIA A. JONES, M.D., P.A.

**Current Principal Place of Business:**

1805 SE 16TH AVENUE #602  
OCALA, FL 34471

**New Principal Place of Business:**

1317 SE 25TH LOOP  
102  
OCALA, FL 34471

**Current Mailing Address:**

1805 SE 16TH AVENUE #602  
OCALA, FL 34471

**New Mailing Address:**

1317 SE 25TH LOOP  
102  
OCALA, FL 34471

**FEI Number:** 27-3637698

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

JONES, PATRICIA A M.D.  
1805 SE 16TH AVENUE #602  
OCALA, FL 34471 US

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

JONES, PATRICIA A M.D.  
1317 SE 25TH LOOP  
102  
OCALA, FL 34471 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

08/10/2011

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DR  
Name: JONES, PATRICIA A  
Address: 4047 NE 20TH ST  
City-St-Zip: OCALA, FL FL 34

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: PATRICIA A. JONES MD PA

DR

08/10/2011

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

\_\_\_\_\_  
Date