

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000050187

Entity Name: MAXINE MINTO MD, P.A.

**FILED**  
**May 15, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

10524 MOSS PARK ROAD  
SUITE 204-516  
ORLANDO, FL 32832 US

**New Principal Place of Business:**

**Current Mailing Address:**

10524 MOSS PARK ROAD  
SUITE 204-516  
ORLANDO, FL 32832 US

**New Mailing Address:**

FEI Number: 90-0731237

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MINTO, MAXINE  
10524 MOSS PARK ROAD  
SUITE 204-516  
ORLANDO, FL 32832 US

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

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

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P D  
Name: MINTO, MAXINE  
Address: 10524 MOSS PARK ROAD, SUITE 204-516  
City-St-Zip: ORLANDO, FL 32832 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: MAXINE MINTO

PRES

05/15/2012

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

\_\_\_\_\_  
Date