

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000057379

Entity Name: ADOLFO ALVINO, M.D., P.A.

**FILED**  
**Apr 11, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

495 BRICKELL AVENUE  
APT.#2111  
MIAMI, FL 33131

**New Principal Place of Business:**

**Current Mailing Address:**

495 BRICKELL AVENUE  
APT.#2111  
MIAMI, FL 33131

**New Mailing Address:**

FEI Number: 45-2589400

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ALVINO, ADOLFO  
495 BRICKELL AVENUE  
APT.#2111  
MIAMI, FL 33131 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: PRES  
Name: ALVINO, ADOLFO  
Address: 495 BRICKELL AVENUE, APT.2111  
City-St-Zip: MIAMI, FL 33131

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: ADOLFO ALVINO

P

04/11/2012

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

\_\_\_\_\_  
Date