

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P11000063622

**FILED**  
**Feb 28, 2012**  
**Secretary of State**

**Entity Name:** EDGARD PEREIRA, M.D., P.A.

**Current Principal Place of Business:**

21097 NE 27TH COURT  
SUITE 540  
AVENTURA, FL 33180

**New Principal Place of Business:**

**Current Mailing Address:**

21097 NE 27TH COURT  
SUITE 540  
AVENTURA, FL 33180

**New Mailing Address:**

**FEI Number:** 45-3033116      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

PEREIRA, EDGARD  
21097 NE 27TH COURT  
SUITE 540  
AVENTURA, FL 33180 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: MD  
Name: PEREIRA, EDGARD  
Address: 21097 NE 27TH CT., SUITE 540  
City-St-Zip: AVENTURA, FL 33180

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: EDGARD PEREIRA

MD

02/28/2012

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

\_\_\_\_\_ Date