

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000100953

**FILED**  
**Feb 09, 2012**  
**Secretary of State**

**Entity Name:** LORI RIVIERE, P.A.

**Current Principal Place of Business:**

216 NORTH MIAMI AVENUE  
MIAMI, FL 33128

**New Principal Place of Business:**

101 SIDONIA AVENUE SUITE PH3  
CORAL GABLES, FL 33134

**Current Mailing Address:**

216 NORTH MIAMI AVENUE  
MIAMI, FL 33128

**New Mailing Address:**

101 SIDONIA AVENUE SUITE PH3  
CORAL GABLES, FL 33134

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

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

RIVIERE, LORRAINE  
216 NORTH MIAMI AVENUE  
MIAMI, FL 33128 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  
Name: RIVIERE, LORI  
Address: 101 SIDONIA AVENUE, SUITE PH3  
City-St-Zip: CORAL GABLES, FL 33134 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: LORI RIVIERE

OF

02/09/2012

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

\_\_\_\_\_  
Date