## 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P20043

Entity Name: SAMUEL V. ESTEPA, M.D., P.C.

**FILED** Feb 25, 2012 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

713 EAST MARION AVENUE 97 VIVANTE BLVD SUITE 141 **SUITE 9743** 

PUNTA GORDA, FL 33950 PUNTA GORDA, FL 33950

**Current Mailing Address: New Mailing Address:** 

713 EAST MARION AVENUE 97 VIVANTE BLVD **SUITE 9743** 

SUITE 141 PUNTA GORDA, FL 33950 PUNTA GORDA, FL 33950

FEI Number: 42-1149403 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

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

ESTEPA, SAMUEL V. ESTEPA, SAMUEL V. 97 VIVANTE BLVD 713 E. MÁRION AVENUE SUITE 9743 SUITE 141

PUNTA GORDA, FL 33950 US PUNTA GORDA, FL 33950 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: SAMUEL V ESTEPA MD PA 02/25/2012

> Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

Title:

ESTEPA, SAMUEL V. Name: 97 VIVANTE BLVD #9743 Address: City-St-Zip: PUNTA GORDA, FL 33950

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: SAMUEL V ESTEPA MD PA PD 02/25/2012