

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P93000060170

Entity Name: ARCENIO CHACON, M.D., P.A.

**FILED**  
**Jan 19, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

10845 SW 62 AVE  
MIAMI, FL 33156

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 565580  
MIAMI, FL 33256

**New Mailing Address:**

FEI Number: 65-0435406

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CHACON, ARCENIO MD  
10845 SW 62 AVE  
MIAMI, FL 33156 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: D  
Name: CHACON, ARCENIO MD  
Address: 10845 SW 62 AVE  
City-St-Zip: MIAMI, FL 33156

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: ARCENIO CHACON, M.D.

PRES

01/19/2011

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

\_\_\_\_\_  
Date