

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000008538

**FILED**  
**Apr 25, 2011**  
**Secretary of State**

**Entity Name:** RAMON PEREZ-MARRERO, M.D., P.A.

**Current Principal Place of Business:**

1822 WELLNESS LANE  
NEW PORT RICHEY, FL 34655

**New Principal Place of Business:**

5305 GULF DR  
SUITE 4  
NEW PORT RICHEY, FL 34652

**Current Mailing Address:**

3152 LITTLE RD  
STE 342  
NEW PORT RICHEY, FL 34655

**New Mailing Address:**

**FEI Number:** 59-3235187      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

PEREZ-MARRERO, RAMON A MD  
1822 WELLNESS LANE  
SUITE 4  
TRINITY, FL 34655 US

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

PEREZ-MARRERO, RAMON A MD  
5305 GULF DR  
SUITE 4  
NEW PORT RICHEY, FL 34652 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: \_\_\_\_\_

Electronic Signature of Registered Agent

04/25/2011

Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: PEREZ-MARRERO, RAMON  
Address: 1854 KINSMERE DR  
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: D  
Name: JAMES, RAYMOND  
Address: 2739 US 19, SUITE 223  
City-St-Zip: HOLIDAY, FL Q3469

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: RAMON PEREZ-MARRERO, MD

PRES

04/25/2011

Electronic Signature of Signing Officer or Director

Date