

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P94000082395

**FILED**  
**Jan 12, 2010**  
**Secretary of State**

**Entity Name:** TERENCE PEPPARD, M.D., P.A.

**Current Principal Place of Business:**

TERENCE PEPPARD MDPA  
3663 SOUTH MIAMI AVE.  
MIAMI, FL 33133 US

**New Principal Place of Business:**

**Current Mailing Address:**

TERENCE PEPPARD MDPA  
4350 N. JEFFERSON AVE.  
MIAMI BEACH, FL 33140 US

**New Mailing Address:**

**FEI Number:** 65-0531485

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

FEINERMAN, ELLEEN  
4350 NORTH JEFFERSON AVE.  
PENTHOUSE  
MIAMI BEACH, FL 33140 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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** PS  
**Name:** TERENCE PEPPARD MD  
**Address:** 3663 SOUTH MIAMI AVE.  
**City-St-Zip:** MIAMI, FL 33133

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:** TERENCE PEPPARD, M.D.

PS

01/12/2010

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

\_\_\_\_\_  
Date