

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000048474

FILED
Jan 25, 2012
Secretary of State

Entity Name: DELRAY TRAUMA ASSOCIATES, P.A.

Current Principal Place of Business:

5352 LINTON BLVD
DELRAY BEACH, FL 33484 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 480159
FT. LAUDERDALE, FL 333480159 US

New Mailing Address:

FEI Number: 65-0675980

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LAVENDER, JOEL R ESQ.
507 S.E. 11TH COURT
FT. LAUDERDALE, FL 33316 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: PSTD
Name: PUENTE, IVAN M.D.
Address: 1304 SEMINOLE DRIVE
City-St-Zip: FORT LAUDERDALE, FL 33304 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: IVAN PUENTE.

PTSD

01/25/2012

Electronic Signature of Signing Officer or Director

Date