

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000073569

**FILED**  
**Apr 20, 2011**  
**Secretary of State**

**Entity Name:** ROBERT O'NEILL, M.D., P.A.

**Current Principal Place of Business:**

7150 W. 20TH AVENUE., SUITE 612  
HIALEAH, FL 33016

**New Principal Place of Business:**

**Current Mailing Address:**

7150 W. 20TH AVENUE., SUITE 612  
HIALEAH, FL 33016

**New Mailing Address:**

FEI Number: 65-0697831

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

O'NEILL, ROBERT MD  
7150 W. 20TH AVENUE., SUITE 612  
HIALEAH, FL 33016 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: P  
Name: O'NEILL, ROBERT M.D.  
Address: 7150 W. 20TH AVENUE., SUITE 612  
City-St-Zip: HIALEAH, FL 33016

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: ROBERT O'NEILL

PRES

04/20/2011

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

\_\_\_\_\_ Date