

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000005480

FILED  
Apr 30, 2011  
Secretary of State

**Entity Name:** PATRICIA ANN AMBROSE, P.A.

**Current Principal Place of Business:**

17205 SW 292 ST  
HOMESTEAD, FL 33030

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 901522  
HOMESTEAD, FL 330901522

**New Mailing Address:**

**FEI Number:** 65-0726462      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

AMBROSE, MICHAEL J  
1401 BRICKELL AVENUE  
MIAMI, FL 33131 US

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

AMBROSE, MICHAEL J  
8823 SOUTHERN ORCHARD ROAD N  
DAVIE, FL 33328 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: MICHAEL J. AMBROSE

04/30/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** D, P  
**Name:** AMBROSE, PATRICIA A  
**Address:** 17205 SW 29TH ST  
**City-St-Zip:** HOMESTEAD, FL 33030

**Title:** D,VP  
**Name:** AMBROSE, SAMUEL S  
**Address:** 811 N.W. 73RD AVENUE  
**City-St-Zip:** PLANTATION, FL 33317

**Title:** D,S  
**Name:** AMBROSE, CRISTINA M  
**Address:** 17205 S.W. 292 STREET  
**City-St-Zip:** HOMESTEAD, FL 33030

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: PATRICIA ANN AMBROSE

P

04/30/2011

Electronic Signature of Signing Officer or Director

Date