

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000059574

**FILED**  
**Jun 19, 2010**  
**Secretary of State**

**Entity Name:** ADELA CAMMAROTA, M.D. P.A.

**Current Principal Place of Business:**

2355 SALZEDO ST., STE.305  
CORAL GABLES, FL 33134

**New Principal Place of Business:**

**Current Mailing Address:**

2355 SALZEDO ST., STE.305  
CORAL GABLES, FL 33134

**New Mailing Address:**

FEI Number: 65-0769127

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CAMMAROTA, ADELA  
2355 SALZEDO ST., STE.305  
CORAL GABLES, FL 33134 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: D  
Name: CAMMAROTA, ADELA  
Address: 2355 SALZEDO ST., STE.305  
City-St-Zip: CORAL GABLES, FL 33134

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: ADELA CAMMAROTA

D

06/19/2010

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

\_\_\_\_\_ Date