

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000096642

FILED  
Apr 13, 2011  
Secretary of State

**Entity Name:** PAMELA STEARNS, M.D., P.A.

**Current Principal Place of Business:**

601 NW 179TH AVE  
SUITE 102  
PEMBROKE PINES, FL 33029 US

**New Principal Place of Business:**

**Current Mailing Address:**

601 NW 179TH AVE  
SUITE 102  
PEMBROKE PINES, FL 33029 US

**New Mailing Address:**

**FEI Number:** 65-0788073      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

STEARNS, PAMELA  
19000 S.W. 51 MANOR  
SOUTHWEST RANCHES, FL 33332 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: STEARNS, PAMELA  
Address: 19000 S.W. 51 MANOR  
City-St-Zip: SOUTHWEST RANCHES, FL 33332

Title: VP  
Name: STEARNS, JOSEPH A  
Address: 19000 S.W. 51 MANOR  
City-St-Zip: SOUTHWEST RANCHES, FL 33332

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: PAMELA STEARNS

RA

04/13/2011

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

\_\_\_\_\_ Date