

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000014900

FILED  
Mar 12, 2012  
Secretary of State

**Entity Name:** CECILIO TORRES-RUIZ, M.D., P.A.

**Current Principal Place of Business:**

1970 E. OSCEOLA PKWY.  
SUITE 183  
KISSIMMEE, FL 34743

**New Principal Place of Business:**

**Current Mailing Address:**

1970 E. OSCEOLA PKWY.  
SUITE 183  
KISSIMMEE, FL 34743

**New Mailing Address:**

**FEI Number:** 59-3499726

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

TORRES-RUIZ, CECILIO MD  
1970 E. OSCEOLA PKWY.  
SUITE 183  
KISSIMMEE, FL 34743 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: PST  
Name: TORRES-RUIZ, CECILIO MD  
Address: 1970 E. OSCEOLA PKWY. SUITE 183  
City-St-Zip: KISSIMMEE, FL 34743

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: CECILIO TORRES-RUIZ, MD

DR.

03/12/2012

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

\_\_\_\_\_ Date