

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000020466

Entity Name: PABLO PELLA, M.D., P.A.

FILED  
Apr 20, 2011  
Secretary of State

**Current Principal Place of Business:**

11555 CENTRAL PKWY  
#200  
JACKSONVILLE, FL 32224

**New Principal Place of Business:**

**Current Mailing Address:**

11555 CENTRAL PKWY  
#200  
JACKSONVILLE, FL 32224

**New Mailing Address:**

FEI Number: 59-3534656

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

PABLO, PELLA MD  
11555 CENTRAL PKWY  
#200  
JACKSONVILLE, FL 32224 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: PELLA, PABLO M.D.  
Address: 11555 CENTRAL PKWY #200  
City-St-Zip: JACKSONVILLE, FL 32224

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: PABLO M. PELLA, M.D.

PD

04/20/2011

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

\_\_\_\_\_  
Date