

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P98000044007

Entity Name: ALBERT CANAS, M.D., P.A.

**FILED**  
**Feb 18, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

1680 MICHIGAN AVENUE  
SUITE 912  
MIAMI BEACH, FL 33139 US

**New Principal Place of Business:**

**Current Mailing Address:**

1680 MICHIGAN AVENUE  
SUITE 912  
MIAMI BEACH, FL 33139 US

**New Mailing Address:**

FEI Number: 65-0839782

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

CANAS, ALBERT  
1680 MICHIGAN AVENUE  
SUITE 912  
MIAMI BEACH, FL 33139 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: CANAS, ALBERT  
Address: 4373 NORTH BAY ROAD  
City-St-Zip: MIAMI BEACH, FL 33140

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: ALBERT CANAS

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02/18/2011

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

\_\_\_\_\_  
Date