

2012 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Apr 11, 2012
Secretary of State

Entity Name: PINES FOOT & ANKLE SURGICAL GROUP, INC

Current Principal Place of Business:

17901 N.W. 5 STREET, STE. 106
PEMBROKE PINES, FL 33029

New Principal Place of Business:

17901 N.W. 5 STREET
SUITE #106
PEMBROKE PINES, FL 33029

Current Mailing Address:

17901 N.W. 5 STREET, STE. 106
PEMBROKE PINES, FL 33029

New Mailing Address:

FEI Number: 65-0846878 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

VALDES, JORGE LUIS
17901 N.W. 5TH STREET
SUITE 106
PEMBROKE PINES, FL 33029 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: P
Name: VALDES, JORGE LUIS
Address: 17901 N.W. 5 STREET, STE. 106
City-St-Zip: PEMBROKE PINES, FL 33029

Title: S
Name: VALDES, JORGE JUAN
Address: 17901 N.W. 5 STREET, STE. 106
City-St-Zip: PEMBROKE PINES, FL 33029

Title: VP
Name: VALDES, MARIA ELENA
Address: 17901 N.W 5 STREET, STE. 106
City-St-Zip: PEMBROKE PINES, FL 33029

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: JORGE L. VALDES

P

04/11/2012

Electronic Signature of Signing Officer or Director

Date