

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P98000060151

Entity Name: JORGE GALLO, M.D., P.A.

**FILED**  
**Feb 12, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

9725 N.W. 63RD PL.  
PARKLAND, FL 33076

**New Principal Place of Business:**

**Current Mailing Address:**

9725 N.W. 63RD PLACE  
PARKLAND, FL 33076

**New Mailing Address:**

FEI Number: 65-0849337

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

GALLO, JORGE MD  
9725 NW 36TH PLACE  
PARKLAND, FL 33076 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: GALLO, JORGE  
Address: 9725 N.W. 63RD PL.  
City-St-Zip: PARKLAND, FL 33076

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 GALLO

PRES

02/12/2011

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

\_\_\_\_\_  
Date