2011 FOR PROFIT CORPORATION ANNUAL REPORT

Electronic Signature of Registered Agent

DOCUMENT# P98000084396

Entity Name: JOEL LABORDE, M.D., P.A.

FILED Apr 27, 2011 Secretary of State

Date

Current Principal Place of Business:		New Principal Place of	New Principal Place of Business:	
6101 WEBB RD, STE 107 TAMPA, FL 33615				
Current Mailing Address:		New Mailing Address:		
18810 ROXANNA WOODS LUTZ, FL 33548	S DR			
FEI Number: 59-3537289	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:		Name and Address of N	Name and Address of New Registered Agent:	
LABORDE, JOEL MD 6101 WEBB ROAD, STE. 1 TAMPA, FL 33615 US	107			
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.				

OFFICERS AND DIRECTORS:

Title:

SIGNATURE:

Name: LABORDE, JOEL M.D. Address: 18810 ROXANNA WOODS DR

City-St-Zip: LUTZ, FL 33548

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: JOEL LABORDE MD DR 04/27/2011