

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000091623

**FILED**  
**Jan 06, 2011**  
**Secretary of State**

**Entity Name:** CHARLES PERNICIARO, M.D., P.A.

**Current Principal Place of Business:**

880 HIGHWAY A1A SUITE 14  
PONTE VEDRA, FL 32082

**New Principal Place of Business:**

183 LANDRUM LANE  
SUITE 201  
PONTE VEDRA, FL 32082

**Current Mailing Address:**

P.O. BOX 51498  
JACKSONVILLE BEACH, FL 32240

**New Mailing Address:**

**FEI Number:** 59-3539638

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PERNICIARO, CHARLES M.D.  
1750 BEACH AVE.  
ATLANTIC BEACH, FL 32233 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: DR  
Name: PERNICIARO, CHARLES M.D.  
Address: 1750 BEACH AVE  
City-St-Zip: ATLANTIC BEACH, FL 32233

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: CHARLES PERNICIARO

PRES

01/06/2011

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

\_\_\_\_\_  
Date