

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P99000002066

Entity Name: ARINETA SPEER MD, P.A.

**FILED**  
**Apr 07, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

1124 EAST YONGE ST  
PENSACOLA, FL 32503

**New Principal Place of Business:**

**Current Mailing Address:**

6301 IRONGATE CT  
PENSACOLA, FL 32504

**New Mailing Address:**

FEI Number: 59-3554001

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SPEER, ARINETA  
6301 IRONGATE CT  
PENSACOLA, FL 32504 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: SPEER, ARINETA  
Address: 1124 EAST YONGE ST  
City-St-Zip: PENSACOLA, FL 32503

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: ARINETA SPEER

P

04/07/2011

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

\_\_\_\_\_  
Date