

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P99000002722

**FILED**  
**Jun 29, 2011**  
**Secretary of State**

**Entity Name:** BARBARA MONTFORD, M.D. P.A.

**Current Principal Place of Business:**

1190 NW 95TH STREET  
STE 106  
MIAMI, FL 33150

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 530588  
MIAMI, FL 33153

**New Mailing Address:**

PO BOX 530588  
MIAMI, SHORES, FL 33153

**FEI Number:** 65-0885726

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MONTFORD, BARBARA M.D.  
18020 SW 78TH PLACE  
MIAMI, FL 33157 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:** M.D.  
**Name:** MONTFORD, BARBARA A  
**Address:** 18020 SW 78 PL  
**City-St-Zip:** MIAMI, FL 33157

**Title:** VP  
**Name:** MONTFORD, JOHN  
**Address:** 2241 NW 188TH TERRACE  
**City-St-Zip:** OPA LOCKA, FL 33056

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:** BARBARA MONTFORD

MD

06/29/2011

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

\_\_\_\_\_  
Date