

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000003096

**FILED**  
**Mar 12, 2010**  
**Secretary of State**

**Entity Name:** CECILIA PANLILIO PINEDA, M.D., CORP.

**Current Principal Place of Business:**

2959 ALAFAYA TRAIL  
SUITE 117  
OVIDO, FL 32765

**New Principal Place of Business:**

**Current Mailing Address:**

2959 ALAFAYA TRAIL  
SUITE 117  
OVIDO, FL 32765

**New Mailing Address:**

**FEI Number:** 59-3551814      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

PINEDA, CECILIA P  
2959 ALAFAYA TR.  
OVIDO, FL 32765      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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** VPAT  
**Name:** PINEDA, ALDRIN  
**Address:** 1336 NEW TOWN AVE.  
**City-St-Zip:** ORLANDO, FL 32835

**Title:** PT  
**Name:** PINEDA, CECILIA P MD  
**Address:** 2959 ALAFAYA TRAIL  
**City-St-Zip:** OVIDO, FL 32765

**Title:** S  
**Name:** PINEDA, ZEIDEE  
**Address:** 1336 NEW TOWN AVE.  
**City-St-Zip:** ORLANDO, FL 32835

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: CECILIA PINEDA

PT

03/12/2010

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

\_\_\_\_\_ Date