

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P99000017020

Entity Name: CARLOS E. MAAS, M.D., P.A.

**FILED**  
**Mar 19, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

4235 KINGS HIGHWAY, STE 103  
PORT CHARLOTTE, FL 33980 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 494650  
PORT CHARLOTTE, FL 33949

**New Mailing Address:**

FEI Number: 65-0897892

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MAAS, CARLOS E M.D.  
1775 CITRON STREET  
CHARLOTTE HARBOR, FL 33980 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: DR  
Name: MAAS, CARLOS E MD  
Address: 1775 CITRON STREET  
City-St-Zip: CHARLOTTE HARBOR, FL 33980 US

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: BONNIE EMERSON

O.M.

03/19/2010

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

\_\_\_\_\_  
Date