

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P99000017176

**FILED**  
**Mar 28, 2012**  
**Secretary of State**

**Entity Name:** WALESKA GALINDEZ, M.D., P.A.

**Current Principal Place of Business:**

5273 CURRY FORD ROAD  
ORLANDO, FL 32812

**New Principal Place of Business:**

672 N SEMORAN BLVD.,  
SUITE 203  
ORLANDO, FL 32807

**Current Mailing Address:**

WALESKA GALINDEZ MDPA  
P O BOX 771000  
ORLANDO, FL 328771000

**New Mailing Address:**

**FEI Number:** 59-3563651      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

FIGUEROA, JOSE R  
5273 CURRY FORD ROAD  
ORLANDO, FL 32812    US

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

FIGUEROA, JOSE R  
672 N SEMORAN BLVD.  
SUITE 203  
ORLANDO, FL 32807    US

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

03/28/2012

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** DR  
**Name:** GALINDEZ, WALESKA  
**Address:** 672 N SEMORAN BLVD., SUITE 203  
**City-St-Zip:** ORLANDO, FL 32807

**Title:** O  
**Name:** FIGUEROA, JOSE R  
**Address:** 672 N SEMORAN BLVD., SUITE 203  
**City-St-Zip:** ORLANDO, FL 32807

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: WALESKA GALINDEZ MD

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

PRES

03/28/2012

\_\_\_\_\_  
Date