

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000027994

**FILED**  
**Jun 28, 2010**  
**Secretary of State**

**Entity Name:** JORGE L. MACIA, MD AND ROSA M. MARIN, MD, PA.

**Current Principal Place of Business:**

115 S.E. 4TH ST.  
BOYNTON BEACH, FL 33435

**New Principal Place of Business:**

**Current Mailing Address:**

115 S.E. 4TH ST.  
BOYNTON BEACH, FL 33435

**New Mailing Address:**

FEI Number: 65-0920438

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MARIN, ROSA M  
115 S.E. 4TH ST.  
BOYNTON BEACH, FL 33435 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: STD  
Name: MARIN, ROSA M MD  
Address: 115 S.E. 4TH ST.  
City-St-Zip: BOYNTON BEACH, FL 33435

Title: PD  
Name: MACIA, JORGE L MD  
Address: 115 S.E. 4TH ST.  
City-St-Zip: BOYNTON BEACH, FL 33435

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: JORGE L MACIA MD

MD

06/28/2010

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

\_\_\_\_\_ Date