

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P99000042798

**FILED**  
**Apr 11, 2011**  
**Secretary of State**

**Entity Name:** PEDRO AROCHO, M.D., P.A.

**Current Principal Place of Business:**

11181 HEALTH PARK BLVD  
SUITE 2230  
NAPLES, FL 34110

**New Principal Place of Business:**

**Current Mailing Address:**

11181 HEALTH PARK BLVD  
SUITE 2230  
NAPLES, FL 34110

**New Mailing Address:**

**FEI Number:** 59-3575087

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

AROCHO, PEDRO M.D.  
3089 TERRAMAR DRIVE  
NAPLES, FL 34119 US

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

AROCHO, PEDRO M.D.  
3053 OLDE COVE WAY  
NAPLES, FL 34119 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:** PEDRO AROCHO MD

04/11/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** PSTD  
**Name:** AROCHO, PEDRO  
**Address:** 3089 TERRAMAR DRIVE  
**City-St-Zip:** NAPLES, FL 34119

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:** PEDRO AROCHO MD

PRES

04/11/2011

Electronic Signature of Signing Officer or Director

Date