

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000055132

Entity Name: JAVIER FLORES, M.D., P.A.

FILED  
Feb 25, 2011  
Secretary of State

**Current Principal Place of Business:**

1535 SUNSET ROAD  
CORAL GABLES, FL 33143

**New Principal Place of Business:**

**Current Mailing Address:**

1535 SUNSET ROAD  
CORAL GABLES, FL 33143

**New Mailing Address:**

FEI Number: 65-0929198

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

FLORES, JAVIER  
1535 SUNSET RD  
CORAL GABLES, FL 33143 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: PSTD  
Name: FLORES, JAVIER  
Address: 1535 SUNSET ROAD  
City-St-Zip: CORAL GABLES, FL 33143

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: FLORES, JAVIER

PSTD

02/25/2011

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

\_\_\_\_\_ Date