

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P99000079761

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

**Entity Name:** HECTOR LABRADA, M.D., P.A.

**Current Principal Place of Business:**

618 EUCLID AVE APT 301  
MIAMI BEACH, FL 33139 US

**New Principal Place of Business:**

**Current Mailing Address:**

618 EUCLID AVE APT 301  
MIAMI BEACH, FL 33139 US

**New Mailing Address:**

**FEI Number:** 65-0950432

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LABRADA, HECTOR  
618 EUCLID AVE APT 301  
MIAMI BEACH, FL 33139 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: PTD  
Name: LABRADA, HECTOR  
Address: 618 EUCLID AVE APT 301  
City-St-Zip: MIAMI BEACH, FL 33139

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: HECTOR LABRADA

PTD

02/11/2011

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

\_\_\_\_\_  
Date