2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 27, 2011
Secretary of State

DOCUMENT# P99000088394

Entity Name: VIERA MEDICAL CLINIC, P.A.

Current Principal Place of Business:

4726 N. HABANA, STE 202
TAMPA, FL 33614

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 18946
TAMPA, FL 336798946

New Mailing Address:

4726 N. HABANA, STE 202
TAMPA, FL 33614

FEI Number: 59-3605579 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

VIERA, ANGEL
4011 W. CLEVELAND ST.
TAMPA, FL 33609 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: P
Name: VIERA, MAGDALENA
Address: 4726 N. HABANA AVE., STE 202
City-St-Zip: TAMPA, FL 33614

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: ANGEL VIERA SEC 06/27/2011

Electronic Signature of Signing Officer or Director Date