

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P99000103278

**FILED**  
**Feb 10, 2012**  
**Secretary of State**

**Entity Name:** FELIPE ANTONIO DEL VALLE, MD, P.A.

**Current Principal Place of Business:**

7190 S.W. 87TH AVE., STE 203  
MIAMI, FL 33173

**New Principal Place of Business:**

**Current Mailing Address:**

7190 S.W. 87TH AVE., STE 203  
MIAMI, FL 33173

**New Mailing Address:**

**FEI Number:** 65-1025446

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

RODRIGUEZ, JORGE  
9100 S. DADELAND BLVD  
SUITE 1500  
MIAMI, FL 33156 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: DEL VALLE, FELIPE A M.D.  
Address: 7190 S.W. 87TH AVE., STE 203  
City-St-Zip: MIAMI, FL 33173

Title: MS  
Name: DEL VALLE, MONICA L  
Address: 7190 S.W. 87TH AVE., STE 203  
City-St-Zip: MIAMI, FL 33173

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: FELIPE DEL VALLE

PTD

02/10/2012

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

\_\_\_\_\_  
Date