

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P99000109707

Entity Name: VIOLETTA LYRA, M.D., P.A.

**FILED**  
**Apr 27, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

2999 NE 191ST STREET  
SUITE 260  
AVENTURA, FL 33180

**New Principal Place of Business:**

**Current Mailing Address:**

2999 NE 191ST STREET  
SUITE 260  
AVENTURA, FL 33180

**New Mailing Address:**

FEI Number: 65-0969194

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

GARCIA-LINARES, MANUEL A  
201 S. BISCAYNE BLVD.  
#10TH FLOOR  
MIAMI, FL 33131 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: D  
Name: LYRA, VIOLETTA MD  
Address: 2999 NE 191 ST SUITE 260  
City-St-Zip: AVENTURA, FL 33180

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: VIOLETTA LYRA

MD

04/27/2011

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

\_\_\_\_\_  
Date