

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000111314

**FILED**  
**Feb 23, 2011**  
**Secretary of State**

**Entity Name:** EUGENE F. GUERRE, JR., M.D., P.A.

**Current Principal Place of Business:**

7005 NIGHTWALKER RD  
BROOKSVILLE, FL 34613 US

**New Principal Place of Business:**

**Current Mailing Address:**

7005 NIGHTWALKER RD  
BROOKSVILLE, FL 34613 US

**New Mailing Address:**

FEI Number: 59-3614760

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

GUERRE, EUGENE F JR.  
7005 NIGHTWALKER RD  
BROOKSVILLE, FL 34613 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: PST  
Name: GUERRE, EUGENE F JR.  
Address: 7005 NIGHTWALKER RD  
City-St-Zip: BROOKSVILLE, FL 34613 US

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: EUGENE F GUERRE JR

PST

02/23/2011

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

\_\_\_\_\_ Date