

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# S11952

**FILED**  
**Feb 09, 2012**  
**Secretary of State**

**Entity Name:** CHARLES E. BAILEY, M.D., P.A.

**Current Principal Place of Business:**

213 RIDGE RD  
LAKE MARY, FL 32746 US

**New Principal Place of Business:**

**Current Mailing Address:**

213 RIDGE RD  
LAKE MARY, FL 32746 US

**New Mailing Address:**

**FEI Number:** 59-3044756

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MCNAIR AND ASSOCIATES, PA  
LAKE CENTER STE 250  
1250 S U. S. HWY 17-92  
LONGWOOD, FL 32750 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: BAILEY, CHARLES E DR  
Address: 213 RIDGE RD  
City-St-Zip: LAKE MARY, FL 32746

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: DR. CHARLES E. BAILEY

PST

02/09/2012

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

\_\_\_\_\_  
Date