

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S38369

FILED  
Feb 17, 2011  
Secretary of State

**Entity Name:** ANGELO P. THROWER, M.D. P.A.

**Current Principal Place of Business:**

180 NE 99TH ST  
MIAMI SHORES, FL 33138 US

**New Principal Place of Business:**

**Current Mailing Address:**

180 NE 99TH ST  
MIAMI SHORES, FL 33138 US

**New Mailing Address:**

FEI Number: 65-0248448

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

THROWER, ANGELO P M.D.  
180 NE 99TH ST  
MIAMI SHORES, FL 33138 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: DPT  
Name: THROWER, ANGELO P  
Address: 180 NE 99TH STREET  
City-St-Zip: MIAMI SHORES, FL 33138 US

Title: VP  
Name: THROWER, YOLANDA  
Address: 180 NE 99TH STREET  
City-St-Zip: MIAMI SHORES, FL 33138 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: ANGELO P. THROWER, MD

DPT

02/17/2011

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

\_\_\_\_\_ Date