

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S53571

**FILED**  
**Apr 30, 2012**  
**Secretary of State**

**Entity Name:** ROSA F. TURNER, M.D., P.A.

**Current Principal Place of Business:**

7150 WEST 20 AVE., STE 605  
HIALEAH, FL 33016 US

**New Principal Place of Business:**

7100 W. 20TH AVE., #212  
HIALEAH, FL 33016 US

**Current Mailing Address:**

7150 WEST 20 AVE., STE 605  
HIALEAH, FL 33016 US

**New Mailing Address:**

7100 W. 20TH AVE., #212  
HIALEAH, FL 33016 US

FEI Number: 65-0256594

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

TURNER, ROSA F M.D.  
7150 WEST 20 AVE, STE. 605  
HIALEAH, FL 33016 US

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

TURNER, ROSA F M.D.  
7100 W. 20TH AVE., #212  
HIALEAH, FL 33016 US

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

04/30/2012

Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: TURNER, M.D., ROSA F.  
Address: 7100 W. 20TH AVE., #212  
City-St-Zip: HIALEAH, FL 33016

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: ROSA F. TURNER, MD

Electronic Signature of Signing Officer or Director

PRES

04/30/2012

Date