

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# S63363

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

**Entity Name:** ZORAIDA RIVERA-HIDALGO, M.D., P.A.

**Current Principal Place of Business:**

2647 HOLLYWOOD BLVD  
HOLLYWOOD, FL 33020

**New Principal Place of Business:**

**Current Mailing Address:**

2647 HOLLYWOOD BLVD  
HOLLYWOOD, FL 33020

**New Mailing Address:**

2647 HOLLYWOOD BLVD  
HOLLYWOOD, FL 33020

**FEI Number:** 65-0272519

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

RIVERA-HIDALGO, ZORAIDA  
2647 HOLLYWOOD BLVD  
HOLLYWOOD, FL 33020 US

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

RIVERA-HIDALGO, ZORAIDA,MDPA  
2647 HOLLYWOOD BLVD  
HOLLYWOOD, FL 33020 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:** ZORAIDA RIVERA HIDALGO

03/09/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** PVS  
**Name:** RIVERA-HIDALGO, ZORAIDA  
**Address:** 2647 HOLLYWOOD BLVD  
**City-St-Zip:** HOLLYWOOD, FL 33020

**Title:** TD  
**Name:** RIVERA-HIDALGO, ZORAIDA  
**Address:** 2647 HOLLYWOOD BLVD  
**City-St-Zip:** HOLLYWOOD, FL 33020

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:** ZORAIDA RIVERA HIDALGO

PRES

03/09/2012

Electronic Signature of Signing Officer or Director

Date