

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S88246

**FILED**  
**Mar 22, 2012**  
**Secretary of State**

**Entity Name:** PEDRO ORLANDO DIAZ, M.D., P.A.

**Current Principal Place of Business:**

2140 W 68TH STREET  
STE 403  
HIALEAH, FL 33016

**New Principal Place of Business:**

2387 W 68TH STREET  
STE 503  
HIALEAH, FL 33016

**Current Mailing Address:**

1541 AQUA AVE  
CORAL GABLES, FL 33159

**New Mailing Address:**

PO BOX 56-0966  
MIAMI, FL 33256 09

**FEI Number:** 65-0291511

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

COLBERT, BOUE AND JUNCADILLA, P.A.  
3001 PONCE DE LEON BLVD.  
SUITE 211  
CORAL GABLES, FL 33134 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: DP  
Name: DIAZ, PEDRO O  
Address: 1541 AGUA AVENUE  
City-St-Zip: CORAL GABLES, FL 33156

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: PEDRO ORLANDO DIAZ

DP

03/22/2012

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

\_\_\_\_\_  
Date