

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S96336

**FILED**  
**Apr 10, 2012**  
**Secretary of State**

**Entity Name:** RAFAEL SALAS, M.D., P.A.

**Current Principal Place of Business:**

3903 SAND DOLLAR PL  
TAMPA, FL 33634 US

**New Principal Place of Business:**

1055 CLARKSVILLE AVE  
SUITE 165  
PARIS, TX 75462 US

**Current Mailing Address:**

3903 SAND DOLLAR PL  
TAMPA, FL 33634 US

**New Mailing Address:**

4630 67TH AVE  
PINELLAS PARK, FL 33781 US

FEI Number: 59-3114904

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SALAS, MARIA ELENA  
3903 SAND DOLLAR PLACE  
TAMPA, FL 33634 US

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

SALAS, MARIA ELENA  
4630 67TH AVE  
PINELLAS PARK, FL 33781 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: MARIA ELENA SALAS

04/10/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: MDPA  
Name: SALAS, RAFAEL  
Address: 4630 67TH AVE  
City-St-Zip: PINELLAS PARK, FL 33781

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: RAFAEL SALAS MD

MD

04/10/2012

Electronic Signature of Signing Officer or Director

Date