

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V03096

FILED  
Feb 29, 2012  
Secretary of State

Entity Name: MONICA I. SALIS, P.A.

**Current Principal Place of Business:**

1600 SOUTH FEDERAL HWY  
STE 590  
POMPANO BEACH, FL 33062 US

**New Principal Place of Business:**

**Current Mailing Address:**

1600 SOUTH FEDERAL HWY  
STE 590  
POMPANO BEACH, FL 33062 US

**New Mailing Address:**

FEI Number: 65-0304066

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

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

SALIS, MONICA I ESQ  
1600 SOUTH FEDERAL HWY  
SUITE 590  
POMPANO BEACH, FL 33062 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

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: SALIS, MONICA I  
Address: 1600 SOUTH FEDERAL HWY STE 590  
City-St-Zip: POMPANO BEACH, FL 33062 US

Title: ST  
Name: SALIS, MONICA I  
Address: 1600 SOUTH FEDERAL HWY STE 590  
City-St-Zip: POMPANO BEACH, FL 33062 US

Title: VP  
Name: SALIS, MONICA I  
Address: 1600 SO. FEDERAL HWY, STE. 590  
City-St-Zip: POMPANO BEACH, FL 33062 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: MONICA I. SALIS

PRES

02/29/2012

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

\_\_\_\_\_  
Date