

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 544408

**FILED**  
**Apr 25, 2013**  
**Secretary of State**  
**CC1086591117**

**Entity Name:** ALBERTO YONFA, M.D., P.A.

**Current Principal Place of Business:**

117 W UNDERWOOD ST  
SUITE B  
ORLANDO, FL 32806

**Current Mailing Address:**

117 W UNDERWOOD ST  
SUITE B  
ORLANDO, FL 32806

**FEI Number:** 59-1760019

**Certificate of Status Desired:** No

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

YONFA, ALBERTO  
117 W. UNDERWOOD ST.  
SUITE B  
ORLANDO, FL 32806 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

**Officer/Director Detail :**

Title            P  
Name            YONFA, ALBERTO  
Address        117 W. UNDERWOOD STREET, SUITE  
                  B  
City-State-Zip: ORLANDO FL

Title            S  
Name            YONFA, ALBERTO  
Address        117 W. UNDERWOOD STREET, SUITE  
                  B  
City-State-Zip: ORLANDO FL

*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:** ALBERTO YONFA

P

04/25/2013

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date