

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000085858

FILED
Aug 31, 2009
Secretary of State

Entity Name: LOUIS M STARACE M.D., P.A.

Current Principal Place of Business:

6231 PGA BLVD SUITE 123
PALM BEACH GARDENS, FL 33418

New Principal Place of Business:

6231 PGA BLVD #104
SUITE #123
PALM BEACH GARDENS, FL 33418

Current Mailing Address:

6231 PGA BLVD SUITE 123
PALM BEACH GARDENS, FL 33418

New Mailing Address:

6231 PGA BLVD #104
SUITE #123
PALM BEACH GARDENS, FL 33418

FEI Number: 26-3382863

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATE CREATIONS NETWORK, INC.
11380 PROSPERITY FARMS ROAD #221E
PALM BEACH GARDENS, FL 33410 US

Name and Address of New Registered Agent:

STARACE, LOUIS M M.D.
115 TALAVERA PLACE
PALM BEACH GARDENS, FL 33418 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: LOUIS STARACE, M.D.

08/31/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: STARACE, LOUIS M.D.
Address: 6231 PGA BLVD SUITE 123
City-St-Zip: PALM BEACH GARDENS, FL 33418

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: LOUIS STARACE, M.D.

D

08/31/2009

Electronic Signature of Signing Officer or Director

Date