

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000073175

FILED
Apr 30, 2009
Secretary of State

Entity Name: ARTURO CORCES M.D., P.A.

Current Principal Place of Business:

11801 SW 90 ST.
SUITE #201
MIAMI, FL 33186 US

New Principal Place of Business:

Current Mailing Address:

11801 SW 90 ST.
SUITE #201
MIAMI, FL 33186 US

New Mailing Address:

FEI Number: 65-0667458 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORCES, ARTURO MD
11801SW 90 ST.
SUITE #201
MIAMI, FL 33186 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: CORCES, ARTURO
Address: 11801 S.W. 90 ST., SUITE 201
City-St-Zip: MIAMI, FL 33186

Title: STVD () Delete
Name: FONT-RODRIGUEZ, DAVID
Address: 11801 SW 90 ST., SUITE 201
City-St-Zip: MIAMI, FL 33186 US

Title: V () Delete
Name: HERRERA, MAURICIO
Address: 11801 SW 90 ST., SUITE 201
City-St-Zip: MIAMI, FL 33186 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: ARTURO CORCES

PD

04/30/2009

Electronic Signature of Signing Officer or Director

_____ Date