

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000007526

FILED
Jan 23, 2009
Secretary of State

Entity Name: VERANO M. HERMIDA, M.D., P.A.

Current Principal Place of Business:

4850 W. OAKLAND PK. BLVD.
136
LAUDERDALE LAKES, FL 33313

New Principal Place of Business:

3800 NE 25TH AVE
LIGHTHOUSE POINT, FL 33064

Current Mailing Address:

4850 W. OAKLAND PK. BLVD.
136
LAUDERDALE LAKES, FL 33313

New Mailing Address:

3800 NE 25TH AVE
LIGHTHOUSE POINT, FL 33064

FEI Number: 65-0806499

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HERMIDA, VERANO M MD.
4850 W GARLAND PK BLVD 136
FORT LAUDERDALE, FL 33313 US

Name and Address of New Registered Agent:

HERMIDA, VERANO M MD.
3800 NE 25TH AVE
LIGHTHOUSE POINT, FL 33064 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: VERANO M. HERMIDA MD

01/23/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PVST () Delete
Name: HERMIDA, VERANO M MD
Address: 1212 E BROWARD BLVD
City-St-Zip: FT LAUDERDALE, FL 33301

Title: D (X) Delete
Name: HERMIDA, VERANO M MD
Address: 1212 E BROWARD BLVD
City-St-Zip: FT LAUDERDALE, FL 33301

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: HERMIDA, VERANO M MD
Address: 3800 NE 25TH AVE
City-St-Zip: LIGHTHOUSE POINT, FL 33064

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: VERANO M. HERMIDA MD

PRES

01/23/2009

Electronic Signature of Signing Officer or Director

Date