

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000069395

FILED
Jan 29, 2009
Secretary of State

Entity Name: JORGE SUAREZ-MENENDEZ, M.D., P.A.

Current Principal Place of Business:

P.O. BOX 143256
CORAL GABLES, FL 331143256

New Principal Place of Business:

300 ARAGON AVENUE
265
CORAL GABLES, FL 331143256

Current Mailing Address:

P.O. BOX 143256
CORAL GABLES, FL 331143256

New Mailing Address:

FEI Number: 65-0856964 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARTINEZ, ALEX P
300 ARAGON AVENUE
SUITE 265
CORAL GABLES, FL 33134 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: D () Delete
Name: SUAREZ-MENEDEZ, JORGE
Address: PO BOX 143256
City-St-Zip: CORAL GABLES, FL 331143256 US

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: JORGE SUAREZ MENENDEZ

PRES

01/29/2009

Electronic Signature of Signing Officer or Director

_____ Date