

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000008576

FILED
Jan 21, 2009
Secretary of State

Entity Name: FAMILY MEDICINE OF MIAMI, P.A.

Current Principal Place of Business:

9485 SOUTHWEST 72 STREET
SUITE A-104
MIAMI, FL 33173

New Principal Place of Business:

9485 SW 72 ST
SUITE A-104
MIAMI, FL 33173

Current Mailing Address:

9485 SOUTHWEST 72 STREET
SUITE A-104
MIAMI, FL 33173

New Mailing Address:

9485 SW 72 ST
SUITE A-104
MIAMI, FL 33173

FEI Number: 65-0890981

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GOMEZ-RIVERA, JOSE A
9485 SW 72 ST STE A 104
MIAMI, FL 33173 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: PSD () Delete
Name: GOMEZ-RIVERA, JOSE A DO
Address: 9485 SOUTHWEST 72 STREET SUITE A-104
City-St-Zip: MIAMI, FL 33173

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSD (X) Change () Addition
Name: GOMEZ-RIVERA, JOSE A DO
Address: 9485 SW 72 ST SUITE A-104
City-St-Zip: MIAMI, FL 33173

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: JOSE A GOMEZ-RIVERA

P

01/21/2009

Electronic Signature of Signing Officer or Director

Date