

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S21136

FILED  
Jan 18, 2009  
Secretary of State

Entity Name: RAFAEL R. LOPEZ, M.D., P.A.

**Current Principal Place of Business:**

12953 PALMS WEST DRIVE  
SUITE 201  
LOXAHATCHEE, FL 33470

**New Principal Place of Business:**

**Current Mailing Address:**

1280 MAYVIEW WAY  
WELLINGTON, FL 33414

**New Mailing Address:**

1442 CLYDESDALE AVE  
WELLINGTON, FL 33414

FEI Number: 65-0235562

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LOPEZ, RAFAEL R.  
12953 PALMS WEST DRIVE  
SUITE 201  
LOXAHATCHEE, FL 33470 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: LOPEZ, RAFAEL R.,  
Address: 12953 PALMS WEST DRIVE, STE 201  
City-St-Zip: LOXAHATCHEE, FL 33470

**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: RAFAEL R LOPEZ MD

RA

01/18/2009

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date