

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 500666

FILED
Jan 23, 2009
Secretary of State

Entity Name: MATTHEW L. CARR, M.D., P.A.

Current Principal Place of Business:

3001 NW 49TH AVE., SUITE 100
LAUDERDALE LAKES, FL 33313

New Principal Place of Business:

3001 NW 49TH AVENUE
SUITE 100
LAUDERDALE LAKES, FL 33313

Current Mailing Address:

3001 NW 49TH AVE., SUITE 100
LAUDERDALE LAKES, FL 33313

New Mailing Address:

3001 NW 49TH AVENUE
SUITE 100
LAUDERDALE LAKES, FL 33313

FEI Number: 59-1679057

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CARR, M.D., MATTHEW L.
3001 NW 49TH AVENUE
SUITE 100
LAUDERDALE LAKES, FL 33313 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: PST () Delete
Name: CARR, MATTHEW L.
Address: 674 WEST TROPICAL WAY
City-St-Zip: PLANTATION, FL

Title: V () Delete
Name: GHITIS, ARNOLD
Address: 9300 NW 10 CT
City-St-Zip: PLANTATION, FL

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: S () Change (X) Addition
Name: CUSNIR, HENRY
Address: 8048 S SAVANNAH CIRCLE
City-St-Zip: DAVIE, FL 33328

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: MATTHEW L CARR MD

MD

01/23/2009

Electronic Signature of Signing Officer or Director

Date