2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 06, 2009
Secretary of State

DOCUMENT# 513156

Entity Name: ARNALDO LOPEZ, M.D., PROFESSIONAL ASSOCIATION

Current Principal Place of Business:

1545 SW 1ST
200
MIAMI, FL 33135 US

New Principal Place of Business:

Current Mailing Address:

1545 SW 1ST
200
MIAMI, FL 33135 US

New Mailing Address:

FEI Number: 59-1689635 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

LOPEZ, ARNALDO
1545 S.W. FIRST ST.
MIAMI, FL 33135 US

Name and Address of New Registered Agent:

ARNALDO V. LOPEZ, M.D.,P.A.
1545 S.W. FIRST ST.
200
MIAMI, FL 33135 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: ARNLDO V. LOPEZ 01/06/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: LOPEZ, ARNALDO
Address: 2812 PRAIRIE AVE.
City-St-Zip: MIAMI BEACH FL,

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: LOPEZ, ARNALDO V
Address: 2812 PRAIRIE AVE.
City-St-Zip: MIAMI BEACH, FL 33140

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: ARNALDO V. LOPEZ M.D. PD 01/06/2009
Electronic Signature of Signing Officer or Director Date