2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 521861

Entity Name: NILZA KALLOS, M.D., P.A.

FILED Jan 14, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

6280 SUNSET DRIVE STE 603 MIAMI, FL 33143

Current Mailing Address: New Mailing Address:

6280 SUNSET DRIVE STE 603 MIAMI, FL 33143

FEI Number: 59-1716858 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

SACHER, CHARLES P. 2655 LEJÚNE ROAD CORAL GABLES, FL 33134 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.

City-St-Zip:

SIGNATURE:

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition KALLOS, NILZA P.L., KALLOS, NILZA P.L. Name: Name: 10 EDGEWATER DR. 7D 10 EDGEWATER DR. 7D Address: Address:

CORAL GABLES, FL City-St-Zip: CORAL GABLES, FL 33133

() Delete Title: SD Title: SD (X) Change () Addition Name: KALLOS, TAMAS, Name: KALLOS, TAMAS,

10 EDGEWATER DR. 7D Address: 10 EDGEWATER DR. 7D Address: CORAL GABLES, FL CORAL GABLES, FL 33133 City-St-Zip: 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: TAMAS KALLOS SD 01/14/2009