

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 531007

FILED
May 06, 2009
Secretary of State

Entity Name: CARLOS JASSIR, M.D., P.A.

Current Principal Place of Business:

3371 EDGECLIFF DR
ORLANDO, FL 32806

New Principal Place of Business:

6000 METROWEST BLVD
SUITE 101
ORLANDO, FL 32835 US

Current Mailing Address:

3371 EDGECLIFF DR
ORLANDO, FL 32806

New Mailing Address:

C/O HMD 1557 NE 164 ST
SUITE 201
NORTH MIAMI BEACH, FL 33162 US

FEI Number: 59-1728982

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEFKOWITZ, IVAN
430 N. MILLS AVE.
ORLANDO, FL 32803 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: JASSIR, CARLOS
Address: 3371 EDGECLIFF DRIVE
City-St-Zip: ORLANDO FL,

Title: ST () Delete
Name: JASSIR, CARLOS
Address: 3371 EDGECLIFF DRIVE
City-St-Zip: ORLANDO FL,

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: JASSIR, CARLOS
Address: 6000 METRO WEST BLVD 101
City-St-Zip: ORLANDO, FL 32835 US

Title: ST (X) Change () Addition
Name: JASSIR, CARLOS
Address: 6000 METRO WEST BLVD 101
City-St-Zip: ORLANDO, FL 32835 US

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: DAVID HIXSON

CPA

05/06/2009

Electronic Signature of Signing Officer or Director

Date