

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 601669

FILED
Jan 07, 2009
Secretary of State

Entity Name: RALPH SLONIM MD & ROBERTA SLONIM MD

Current Principal Place of Business:

1581 BRICKELL AVENUE
SUITE #1801
MIAMI, FL 33129

New Principal Place of Business:

Current Mailing Address:

1581 BRICKELL AVENUE
SUITE #1801
MIAMI, FL 33129

New Mailing Address:

FEI Number: 59-1276159 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SLONIM, RALPH
1581 BRICKELL AVE #1801
MIAMI, FL 33129 US

Name and Address of New Registered Agent:

SLONIM, RALPH J MD
1581 BRICKELL AVE
1801
MIAMI, FL 33129 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: RALPH SLONIM, MD

01/07/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SLONIM, RALPH,
Address: 1581 BRICKELL AVE. #1801
City-St-Zip: MIAMI, FL

Title: D () Delete
Name: SLONIM, ROBERTA,
Address: 1581 BRICKELL AVE. #1801
City-St-Zip: MIAMI, FL

Title: DT () Delete
Name: SLONIM, SUZANNE M
Address: 4935 HOLLAND AVENUE
City-St-Zip: DALLAS, TX 75219

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: SLONIM, RALPH MD
Address: 1581 BRICKELL AVE. #1801
City-St-Zip: MIAMI, FL 33129 FL

Title: D (X) Change () Addition
Name: SLONIM, ROBERTA MD
Address: 1581 BRICKELL AVE. #1801
City-St-Zip: MIAMI, FL 33129 FL

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: RALPH SLONIM, MD

PRES

01/07/2009

Electronic Signature of Signing Officer or Director

Date