

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 623752

FILED
Apr 06, 2009
Secretary of State

Entity Name: GUILLERMO CADENA, M.D., P.A.

Current Principal Place of Business:

22770 SKYVIEW CRICLE
BROOKSVILLE, FL 34602

New Principal Place of Business:

Current Mailing Address:

PO BOX 10222
BROOKSVILLE, FL 34603

New Mailing Address:

FEI Number: 59-1909741

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CADENA, GUILLERMO, M.D., PA
22770 SKYVIEW CIRCLE
BROOKSVILLE, FL 34602 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: PRES () Delete
Name: CADENA, GUILLERMO, M, .D., PA
Address: 22770 SKYVIEW CIRCLE
City-St-Zip: BROOKSVILLE, FL 34602

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: GUILLERMO CADENA MD PA

PRES

04/06/2009

Electronic Signature of Signing Officer or Director

Date