## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 641915** 

Entity Name: JOSE A. SOLER - BAILLO , M.D., P.A.

FILED Jan 15, 2009 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
Current Finicipal Flace of Dusiness.	New Fillicipal Flace of Dusiliess.

12911 AURALIA KEYSTONE POINT NORTH MIAMI, FL 33181

Current Mailing Address: New Mailing Address:

12911 AURALIA KEYSTONE POINT NORTH MIAMI, FL 33181

FEI Number: 59-1949394 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:

SOLER-BAILLO, JOSE A M.D. 12911 AURALIA KEYSTONE POINT NORTH MIAMI, FL 33181 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:

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 SOLER-BAILLO, JOSE A M.D. Name: JOSE A SOLER-BAILLO, MD Name: 12911 AURALIA KEYSTONE POINT Address: 12911 AURALIA RD Address: City-St-Zip: NORTH MIAMI, FL 33181 City-St-Zip: NORTH MIAMI, FL 33181

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: JOSE A SOLER-BAILLO M.D. 01/15/2009