

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 655360

FILED  
Apr 28, 2009  
Secretary of State

Entity Name: VICENTE LAGO, M.D., P.A.

**Current Principal Place of Business:**

351 NW 42 AVENUE  
SUITE #305  
MIAMI, FL 33126 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 430735  
MIAMI, FL 33243 US

**New Mailing Address:**

FEI Number: 59-1973672      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

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

LAGO, VICENTE MD  
351 NW 42 AVENUE  
#305  
MIAMI, FL 33126 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: PD ( ) Delete  
Name: LAGO, VICENTE MD PA  
Address: 5440 S.W. 59TH AVENUE  
City-St-Zip: MIAMI, FL 33155

**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: VICENTE LAGO M.D.

PD

04/28/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date