## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 695919** 

City-St-Zip: NEW PORT RICHEY, FL 34652

Entity Name: ROBERTO AREVALO-ARAUJO, M.D., P.A.

FILED Apr 01, 2009 Secretary of State

Current Principal Place of Business:					New Principal Place of Business:			
5347 MAIN STREET, SUITE #203 NEW PORT RICHEY, FL 34652				5347 MAIN STREET SUITE 203 NEW PORT RICHEY, FL 34652				
Current Mailing Address:					New Mailing Address:			
	N STREET, SU RT RICHEY, FL				5347 MAIN STREET SUITE 203 NEW PORT RICHEY, FL	34652	US	
FEI Number	: 59-2109527	FEI Num	ber Applied For()	FEI Nun	nber Not Applicable ( )	Certificate	of Status Desired ( )	
Name and Address of Current Registered Agent:					Name and Address of New Registered Agent:			
AREVALO-ARAUJO, ROBERTO 5347 MAIN STREET, SUITE #203 NEW PORT RICHEY, FL 34652 US								
	e named entity e of Florida.	submits th	is statement for the p	ourpose o	f changing its registered of	fice or reg	gistered agent, or both,	
SIGNATU	RE:							
Electronic Signature of Registered Agent					Date			
Election Ca	mpaign Financin	g Trust Fun	d Contribution ( ).					
OFFICERS AND DIRECTORS:					ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address:	DP ( AREVALO-ARA 5540 CLIPPER		, RTO		Title: ( ) Name: Address:	Change ( )	Addition	

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: ROBERTO AREVALO-ARAUJO DP 04/01/2009