

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01034

FILED  
Feb 06, 2010  
Secretary of State

**Entity Name:** LUIS F. MESTRE-CANALS, M.D., P.A.

**Current Principal Place of Business:**

6850 CORAL WAY  
#304  
MIAMI, FL 33155

**New Principal Place of Business:**

**Current Mailing Address:**

6850 CORAL WAY  
#304  
MIAMI, FL 33155

**New Mailing Address:**

**FEI Number:** 59-2034776

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MACAU, OLGA CPA  
1404 ANCONA AVE  
CORAL GABLES, FL 33146 US

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

MACAU, OLGA M CPA  
1404 ANCONA AVE  
CORAL GABLES, FL 33146 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:** OLGA M MACAU

02/06/2010

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** DP  
**Name:** MESTRE-CANALS, LUIS F MD  
**Address:** 6850 CORAL WAY #304  
**City-St-Zip:** MIAMI, FL 33155

I hereby 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 all other like empowered.

**SIGNATURE:** OLGA M MACAU

CPA

02/06/2010

Electronic Signature of Signing Officer or Director

Date