

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F33831

**FILED**  
**Feb 17, 2010**  
**Secretary of State**

**Entity Name:** ALBERT L. RAY, M.D., P.A.

**Current Principal Place of Business:**

8603 S DIXIE HWY  
401  
MIAMI, FL 33143 US

**New Principal Place of Business:**

8603 S DIXIE HWY  
411  
MIAMI, FL 33143 US

**Current Mailing Address:**

8603 S DIXIE HWY  
401  
MIAMI, FL 33143 US

**New Mailing Address:**

8603 S DIXIE HWY  
411  
MIAMI, FL 33143 US

**FEI Number:** 59-2101420

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

RAY, ALBERT MD  
8603 S DIXIE HWY, STE 401  
MIAMI, FL 33143 US

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

RAY, ALBERT MD  
8603 S DIXIE HWY, STE 411  
MIAMI, FL 33143 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

02/17/2010

Date

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

**OFFICERS AND DIRECTORS:**

Title: DP  
Name: RAY, ALBERT L MD  
Address: 8603 S DIXIE HWY STE 411  
City-St-Zip: MIAMI, FL 33143

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: ALBERT L. RAY, MD

Electronic Signature of Signing Officer or Director

DP

02/17/2010

Date