

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F41496

FILED
Mar 10, 2009
Secretary of State

Entity Name: DARRYL BLINSKI, M.D., PROFESSIONAL ASSOCIATION

Current Principal Place of Business:

7775 SW 87TH AVE
#120
MIAMI, FL 33173

New Principal Place of Business:

6705 S.W. 57TH AVENUE
#412
CORAL GABLES, FL 33146

Current Mailing Address:

7775 SW 87TH AVE
#120
MIAMI, FL 33173

New Mailing Address:

6705 S.W. 57TH AVENUE
#412
CORAL GABLES, FL 33146

FEI Number: 59-2136802

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DARRYL BLINSKI, MD
7775 SW 87TH AVE #120
MIAMI, FL 33173 US

Name and Address of New Registered Agent:

DARRYL BLINSKI, MD
6705 S.W. 57TH AVENUE
#412
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:

03/10/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: BLINSKI, DARRYL, MD,
Address: 7775 SW 87TH AVE #120
City-St-Zip: MIAMI, FL 33173

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: BLINSKI, DARRYL, MD,
Address: 6705 S.W. 57TH AVENUE, #412
City-St-Zip: CORAL GABLES, FL 33146

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: DARRYL BLINSKI, MD

DP

03/10/2009

Electronic Signature of Signing Officer or Director

Date