

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G65919

FILED
Apr 11, 2009
Secretary of State

Entity Name: GASPER R. SALVADOR, M.D., P.A.

Current Principal Place of Business:

4020 SUNCITY CENTER BLVD
SUITE 1
SUN CITY CENTER, FL 33573

New Principal Place of Business:

4020 SUN CITY CENTER BLVD
SUITE 1
SUN CITY CENTER, FL 33573

Current Mailing Address:

4020 SUNCITY CENTER BLVD
SUITE 1
SUN CITY CENTER, FL 33573

New Mailing Address:

4020 SUN CITY CENTER BLVD
SUITE 1
SUN CITY CENTER, FL 33573

FEI Number: 59-2331544

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CFRA, LLC
CORPORATE CENTER THREE AT INT'L PLAZA
4221 W. BOY SCOUT BLVD, 10TH FLOOR
TAMPA, FL 336075736 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: DP () Delete
Name: SALVADOR, GASPAR R
Address: 12901 42ND TERR. WEST
City-St-Zip: CORTEZ, FL 342152558

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: SALVADOR, GASPAR R
Address: 12901 42ND TERR. WEST
City-St-Zip: CORTEZ, FL 342152558 US

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: GASPAR R SALVADOR

DP

04/11/2009

Electronic Signature of Signing Officer or Director

Date