

**2009 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED  
May 01, 2009  
Secretary of State**

DOCUMENT# H52892

Entity Name: JOSEPH A. LAGUNA, M.D., P.A.

**Current Principal Place of Business:**

**New Principal Place of Business:**

% JOSEPH A. LAGUNA  
2725 PARK DRIVE SUITE 5  
CLEARWATER, FL 33763 US

**Current Mailing Address:**

**New Mailing Address:**

% JOSEPH A. LAGUNA  
2725 PARK DRIVE SUITE 5  
CLEARWATER, FL 33763 US

FEI Number: 59-2528264      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

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

LAGUNA, JOSEPH A.  
2725 PARK DRIVE  
SUITE 5  
CLEARWATER, FL 33763 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

\_\_\_\_\_ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  
Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P      ( ) Delete  
Name: LAGUNA, JOSEPH A.  
Address: 1630 POND VIEW COURT  
City-St-Zip: PALM HARBOR, FL 34683 US

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
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: JOSEPH A LAGUNA

P

05/01/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date