

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K57759

FILED  
Aug 22, 2008  
Secretary of State

Entity Name: CARLOS A. SELEMA, M.D., P.A.

**Current Principal Place of Business:**

747 PONCE DE LEON BLVD.  
# 508 - 510  
CORAL GABLES, FL 331342073 US

**New Principal Place of Business:**

**Current Mailing Address:**

9963 THREE LAKES CIR.  
BOCA RATON, FL 334286207

**New Mailing Address:**

529 MINORCA AVENUE  
CORAL GABLES, FL 33134

FEI Number: 65-0096829

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

BANDLER, BARRY  
9963 THREE LAKES CIR.  
BOCA RATON, FL 334286207 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

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:**

Title: PDVS ( ) Delete  
Name: SELEMA, CARLOS A  
Address: 1400 SW 23 ST  
City-St-Zip: MIAMI, FL 33145

Title: T ( ) Delete  
Name: SELEMA, CARLOS A  
Address: 1400 SW 23 ST  
City-St-Zip: MIAMI, FL 33145

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

Title: PDVS (X) Change ( ) Addition  
Name: SELEMA, CARLOS A  
Address: 529 MINORCA AVENUE  
City-St-Zip: CORAL GABLES, FL 33134

Title: T (X) Change ( ) Addition  
Name: SELEMA, CARLOS A  
Address: 529 MINORCA AVENUE  
City-St-Zip: CORAL GABLES, FL 33134

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: CARLOS A. SELEMA

P

08/22/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date