

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K91444

FILED  
May 02, 2010  
Secretary of State

**Entity Name:** ANABELLE MALDONADO-MEDINA, M.D., P.A.

**Current Principal Place of Business:**

1190 NE 95TH ST  
SUITE 204  
MIAMI, FL 33150 US

**New Principal Place of Business:**

**Current Mailing Address:**

1190 NE 95TH ST  
SUITE 204  
MIAMI, FL 33150 US

**New Mailing Address:**

**FEI Number:** 65-0123120      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

MALDONADO-MEDINA, ANABELLE MD  
1190 N.W. 95TH ST.  
STE 204  
MIAMI, FL 33150 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: MD  
Name: MALDONADO, ANABELLE MD  
Address: 1190 N.W. 95TH ST. 204  
City-St-Zip: MIAMI, FL 33150

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: ANABELLE MALDONADO M.D.

M.D.

05/02/2010

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date