

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# L19237

FILED
Aug 24, 2009
Secretary of State**Entity Name:** A. ENRIQUE WHITTWELL, M.D., P.A.**Current Principal Place of Business:**8950 N KENDALL DR.
STE 304
MIAMI, FL 33176 US**New Principal Place of Business:**6705 RED ROAD
SUITE 416
MIAMI, FL 33143 US**Current Mailing Address:**8950 N KENDALL DR.
STE 304
MIAMI, FL 33176 US**New Mailing Address:**6705 RED ROAD
SUITE 416
MIAMI, FL 33143 US**FEI Number:** 65-0149079**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**WHITTWELL, AUGUSTO E
8950 N KENDALL DR # 304
MIAMI, FL 33176 US**Name and Address of New Registered Agent:**WHITTWELL, AUGUSTO E
6705 RED ROAD
SUITE 416
MIAMI, FL 33143 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:

08/24/2009

Electronic Signature of Registered Agent_____
Date**OFFICERS AND DIRECTORS:****Title:** DR () Delete
Name: WHITTWELL, AUGUSTO E
Address: 8950 N KENDALL DR
City-St-Zip: MIAMI, FL 33176**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** DR (X) Change () Addition
Name: WHITTWELL, AUGUSTO E
Address: 6705 RED ROAD SUITE 416
City-St-Zip: MIAMI, FL 33143

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: AUGUSTO E. WHITTWELL

DR

08/24/2009

Electronic Signature of Signing Officer or Director_____
Date