

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L38723

**FILED
Jun 26, 2008
Secretary of State**

Entity Name: ALDO COELHO, M.D., P.A.

Current Principal Place of Business:

20950 NE 27TH CT
STE 303
AVENTURA, FL 33180 US

New Principal Place of Business:

Current Mailing Address:

20950 NE 27TH CT
STE 303
AVENTURA, FL 33180 US

New Mailing Address:

FEI Number: 65-0161056 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

KURACK, JOHN J CPA
10540 NE 4 AVE PENTHOUSE
MIAMI, FL 33138 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: DR. () Delete
Name: COELHO, ALDO
Address: 2131 NE 211TH ST.
City-St-Zip: NORTH MIAMI BEACH, FL 33179

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: ALDO COELHO

DR

06/26/2008

_____ Electronic Signature of Signing Officer or Director

_____ Date