

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L52386

FILED
Jan 27, 2009
Secretary of State

Entity Name: ALEJANDRO LOYNAZ, M.D., P.A.

Current Principal Place of Business:

2601 S.W. 37 AVE.
STE. 904
MIAMI, FL 33133 US

New Principal Place of Business:

Current Mailing Address:

2601 S.W. 37 AVE.
STE. 904
MIAMI, FL 33133 US

New Mailing Address:

FEI Number: 65-0177346 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BORRON, JORGE
901 PONCE DE LEON BLVD
304
CORAL GABLES, FL 33134 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: LOYNAZ, ALEJANDRO, M, .D.
Address: 2601 SW 37 AVE, STE 904
City-St-Zip: MIAMI, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: LOYNAZ, ALEJANDRO, M, .D.
Address: 2601 SW 37 AVE, STE 904
City-St-Zip: MIAMI, FL 33133

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: ALEJANDRO LOYNAZ, M.D.

DR.

01/27/2009

Electronic Signature of Signing Officer or Director

_____ Date