

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L53697

**FILED**  
**Feb 19, 2009**  
**Secretary of State**

**Entity Name:** CENTURION, QUINTANA, AND ASSOCIATES, M.D'S, P.A.

**Current Principal Place of Business:**

9526 NE 2ND AVE #102  
MIAMI SHORES, FL 33138 US

**New Principal Place of Business:**

9526 NE 2ND AVE  
102  
MIAMI SHORES, FL 33138 US

**Current Mailing Address:**

299 ALHAMBRA CIR STE 401  
CORAL GABLES, FL 331556542 US

**New Mailing Address:**

299 ALHAMBRA CIR  
401  
CORAL GABLES, FL 331556542 US

FEI Number: 65-0173899

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

QUINTANA, JUAN J  
299 ALHAMBRA CIR STE 401  
CORAL GABLES, FL 33134 US

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

QUINTANA, JUAN J  
299 ALHAMBRA CIR  
401  
CORAL GABLES, FL 33134 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: \_\_\_\_\_

02/19/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: CENTURION, JOSE J., M.D.  
Address: 932 OBISPO AVE  
City-St-Zip: CORAL GABLES, FL

Title: D ( ) Delete  
Name: QUINTANA, JUAN A., M., .D.  
Address: 5171 PINE TREE DR  
City-St-Zip: MIAMI BEACH, FL

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

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: JUAN A. QUINTANA, M.D.

D

02/19/2009

Electronic Signature of Signing Officer or Director

Date