2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2009
Secretary of State

DOCUMENT# M06939

Entity Name: ARMANDO A. SANTELICES, M.D., P.A.

Current Principal Place of Business:

10350 W BAY HARBOR DR
6AB
BAY HARBOR IS, FL 33154 US

New Principal Place of Business:

10350 W BAY HARBOR DR
6AB
BAY HARBOR ISLANDS, FL 33154 US

Current Mailing Address:

10350 W BAY HARBOR DR
6AB
BAY HARBOR ISLAND, FL 33154 US

New Mailing Address:

10350 W BAY HARBOR DR
6AB
BAY HARBOR ISLANDS, FL 33154 US

FEI Number: 59-2459075 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SANTELICES, ARMANDO A MD
10350 W BAY HARBOR DR
SUITE 6AB
BAY HARBOR ISLANDS, FL 33154 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: DR. ( ) Delete
Name: SANTELICES, ARMANDO, A.
Address: 10350 W BAY HARBOR DR
City-St-Zip: BAY HARBOR ISLANDS, FL 33154

Title: MRS. ( ) Delete
Name: SANTELICES, LIDIA MGRM
Address: 10350 W BAY HARBOR DR. #6AB
City-St-Zip: BAY HARBOR ISLANDS, FL 33154

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition
Name: SANTELICES, ARMANDO, A.
Address: 10350 W BAY HARBOR DR
City-St-Zip: BAY HARBOR ISLANDS, FL 33154

Title: MRS (X) Change ( ) Addition
Name: SANTELICES, LIDIA MGRM
Address: 10350 W BAY HARBOR DR. #6AB
City-St-Zip: BAY HARBOR ISLANDS, FL 33154

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: LIDIA SANTELICES MRS 03/31/2009

Electronic Signature of Signing Officer or Director Date