

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M22129

FILED
Jan 12, 2009
Secretary of State

Entity Name: ARLENE E. HAYWOOD, M.D., P.A.

Current Principal Place of Business:

4100 SOUTH HOSPITAL DRIVE, STE.302
PLANTATION, FL 33317

New Principal Place of Business:

4100 SOUTH HOSPITAL DRIVE, STE.302
302
PLANTATION, FL 33317

Current Mailing Address:

4100 SOUTH HOSPITAL DRIVE, STE.302
PLANTATION, FL 33317

New Mailing Address:

4100 SOUTH HOSPITAL DRIVE, STE.302
302
PLANTATION, FL 33317

FEI Number: 59-2598153

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HAYWOOD, ARLENE E.
4100 SOUTH HOSPITAL DRIVE
STE 302
PLANTATION, FL US

Name and Address of New Registered Agent:

HAYWOOD, ARLENE E.
4100 SOUTH HOSPITAL DRIVE
STE 302
PLANTATION, FL 33317 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: _____

01/12/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPTS () Delete
Name: HAYWOOD, ARLENE E.,
Address: 4100 SOUTH HOSPITAL DRIVE, STE.302
City-St-Zip: PLANTATION, FL 33317

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: ARLENE E. HAYWOOD

DR.

01/12/2009

Electronic Signature of Signing Officer or Director

Date