

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M22129

**FILED**  
**Feb 19, 2010**  
**Secretary of State**

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

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

6971 W. SUNRISE BLVD  
105  
PLANTATION, FL 33313

**Current Mailing Address:**

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

**New Mailing Address:**

6971 W. SUNRISE BLVD  
105  
PLANTATION, FL 33313

**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 33317 US

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

HAYWOOD, ARLENE E.  
6971 W. SUNRISE BLVD  
1058  
PLANTATION, FL 33313 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: ARLENE E. HAYWOOD

02/19/2010

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: DPTS  
Name: HAYWOOD, ARLENE E.  
Address: 6971 W. SUNRISE BLVE SUITE 105  
City-St-Zip: PLANTATION, FL 33313

I hereby 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 all other like empowered.

SIGNATURE: ARLENE E. HAYWOOD

DPTS

02/19/2010

Electronic Signature of Signing Officer or Director

Date