

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M24115

FILED  
Apr 17, 2010  
Secretary of State

**Entity Name:** PETER MCGRATH, M.D., P.A.

**Current Principal Place of Business:**

7800 SW 57TH AVE  
SUITE 203  
SOUTH MIAMI, FL 33143 US

**New Principal Place of Business:**

**Current Mailing Address:**

40 E. SUNRISE AVE.  
CORAL GABLES, FL 331337010 US

**New Mailing Address:**

**FEI Number:** 59-2645407

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MCGRATH, PETER.  
40 E. SUNRISE AVE.  
CORAL GABLES, FL 33133 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:** VPT  
**Name:** MCGRATH, PETER  
**Address:** 40 E SUNRISE AVE.  
**City-St-Zip:** CORAL GABLES, FL

**Title:** SD  
**Name:** MCGRATH, SANDRA BAUMAN  
**Address:** 40 E SUNRISE AVE.  
**City-St-Zip:** CORAL GABLES, FL

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:** PETER C. MCGRATH

PRES

04/17/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date