

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M28618

FILED
Jun 26, 2009
Secretary of State

Entity Name: GUSTAVO ARRIOLA, M.D., P.A.

Current Principal Place of Business:

36468 E. EMERALD COAST
2202
DESTIN, FL 32541 US

New Principal Place of Business:

Current Mailing Address:

36468 E. EMERALD COAST
2202
DESTIN, FL 32541 US

New Mailing Address:

FEI Number: 59-2668053 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

ARRIOLA, GUSTAVO M.D.
36468 E. EMERALD COAST #2202
DESTIN, FL 32541 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: P () Delete
Name: ARRIOLA, GUSTAVO M.D.
Address: 36468 E. EMERALD COAST, #2202
City-St-Zip: DESTIN, FL 32541 US

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: G J ARRIOLA

_____ Electronic Signature of Signing Officer or Director

P

06/26/2009

_____ Date