

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M88050

FILED
Jan 20, 2009
Secretary of State

Entity Name: ROZA GURARYE, M.D. P.A.

Current Principal Place of Business:

2020 N.E. 163RD STREET
105
NORTH MIAMI BEACH, FL 33162

New Principal Place of Business:

Current Mailing Address:

2020 N.E. 163RD STREET, SUITE 105
NORTH MIAMI BEACH, FL 33162

New Mailing Address:

2020 N.E. 163RD STREET
105
NORTH MIAMI BEACH, FL 33162

FEI Number: 65-0056359

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GURARYE, ROZA
2020 N.E. 163RD STREET, #105
NORTH MIAMI BEACH, FL 33162 US

Name and Address of New Registered Agent:

GURARYE, ROZA MD
2020 N.E. 163RD STREET
105
NORTH MIAMI BEACH, FL 33162 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: ROZA GURARYE MD

01/20/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: GURARYE, ROZA
Address: 17555 COLLINS AVEN#1405
City-St-Zip: SUNNY ISLE BEACH, FL 33160

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DR (X) Change () Addition
Name: GURARYE, ROZA B
Address: 17555 COLLINS AVEN#1405
City-St-Zip: SUNNY ISLE BEACH, FL 33160

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: ROZA GURARYE

DR

01/20/2009

Electronic Signature of Signing Officer or Director

Date