

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000005588

FILED
Apr 14, 2009
Secretary of State

Entity Name: DR. RAFAEL A. PENALVER CLINIC, INC.

Current Principal Place of Business:

971 N.W. 2ND STREET
MIAMI, FL 33128

New Principal Place of Business:

Current Mailing Address:

971 N.W. 2ND STREET
MIAMI, FL 33128

New Mailing Address:

FEI Number: 65-0661761

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PENALVER, RAFAEL A JR.
971 N.W. 2ND STREET
MIAMI, FL 33128 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

OFFICERS AND DIRECTORS:

Title: CD () Delete
Name: PENALVER, RAFAEL A
Address: 1101 BRICKELL AVE #1700
City-St-Zip: MIAMI, FL 33131

Title: PD () Delete
Name: MORSE, LUIS
Address: 1246 SW 15TH TERR
City-St-Zip: MIAMI, FL 33135

Title: VD () Delete
Name: CORONADO-MUNOZ, FLOR
Address: 5555 COLLINS AVE #11Y
City-St-Zip: MIAMI BEACH, FL 33140

Title: SD () Delete
Name: EDGARD, MACIAS
Address: 3081 NW 6TH ST
City-St-Zip: MIAMI, FL 33125

Title: TD () Delete
Name: CANTON, PABLO
Address: 111 SW 5TH AVE
City-St-Zip: MIAMI, FL 33131

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RAFAEL A. PENALVER

CD

04/14/2009

Electronic Signature of Signing Officer or Director

Date