

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000011496

FILED
Mar 19, 2009
Secretary of State

Entity Name: ANTONIO ALEXIS PENA, M.D., P.A.

Current Principal Place of Business:

8525 SW 92ND ST
C-10
MIAMI, FL 33156

New Principal Place of Business:

8600 SW 92 STREET
SUITE 101
MIAMI, FL 33156

Current Mailing Address:

GELBER & COMPANY
11450 INTERCHANGE CIRCLE NORTH
MIRAMAR, FL 33025

New Mailing Address:

FEI Number: 65-0978946 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GELBER & COMPANY
11450 INTERCHANGE CIRCLE NORTH
MIRAMAR, FL 33025 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: PD () Delete
Name: PENA, ANTONIO A MD
Address: 11450 INTERCHANGE CIR. NORTH
City-St-Zip: MIRAMAR, FL 33025

Title: VD () Delete
Name: ROBLES, FRANCES E MD
Address: 11450 INTERCHANGE CIR. NORTH
City-St-Zip: MIRAMAR, FL 33025

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

SIGNATURE: ANTONIO PENA

PD

03/19/2009

Electronic Signature of Signing Officer or Director

_____ Date