2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2009
Secretary of State

DOCUMENT# P00000018521

Entity Name: LISSETTE B. ORTIZ, P.A.

Current Principal Place of Business:

2121 PONCE DE LEON BLVD
STE 330
CORAL GABLES, FL 33134

New Principal Place of Business:

1430 SOUTH DIXIE HIGHWAY
STE 321
CORAL GABLES, FL 33146

Current Mailing Address:

2121 PONCE DE LEON BLVD
STE 330
CORAL GABLES, FL 33134

New Mailing Address:

1430 SOUTH DIXIE HIGHWAY
STE 321
CORAL GABLES, FL 33146

FEI Number: 65-0984748 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ORTIZ, LISSETTE B
2121 PONCE DE LEON BLVD
STE 330
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

ORTIZ, LISSETTE B
1430 SOUTH DIXIE HIGHWAY
STE 321
CORAL GABLES, FL 33146 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: _____ 01/30/2009
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: ORTIZ, LISSETTE B
Address: 2121 PONCE DE LEON BLVD STE 330
City-St-Zip: CORAL GABLES, FL 33134

Title: DVP ( ) Delete
Name: ORTIZ, MICHAEL
Address: 2121 PONCE DE ELON BLVD STE 330
City-St-Zip: CORAL GABLES, FL 33134

Title: PS ( ) Delete
Name: ORTIZ, LISSETTE B
Address: 2121 PONCE DE LEON BLVD STE 330
City-St-Zip: MIAMI, FL 33134

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: ORTIZ, LISSETTE B
Address: 1430 SOUTH DIXIE HIGHWAY, STE 321
City-St-Zip: CORAL GABLES, FL 33146

Title: DVP (X) Change ( ) Addition
Name: ORTIZ, MICHAEL
Address: 1430 SOUTH DIXIE HIGHWAY, STE 321
City-St-Zip: CORAL GABLES, FL 33146

Title: PS (X) Change ( ) Addition
Name: ORTIZ, LISSETTE B
Address: 1430 SOUTH DIXIE HIGHWAY, STE 321
City-St-Zip: CORAL GABLES, FL 33146

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: LISSETTE ORTIZ P 01/30/2009
Electronic Signature of Signing Officer or Director — Date