

**2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P00000022613

**FILED**  
**Apr 23, 2009**  
**Secretary of State****Entity Name:** GILBERTO SECO, M.D. AND ASSOCIATES, INC.**Current Principal Place of Business:**761 E. OKEECHOBEE RD.  
HIALEAH, FL 33010**New Principal Place of Business:**237 NW 12 AVE  
SUITE A  
MIAMI, FL 33128**Current Mailing Address:**761 E. OKEECHOBEE RD.  
HIALEAH, FL 33010**New Mailing Address:**237 NW 12 AVE  
SUITE A  
MIAMI, FL 33128**FEI Number:** 65-0988853**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**SECO, GILBERTO MD  
9841 S.W. 155 AVENUE  
MIAMI, FL 33196 US**Name and Address of New Registered Agent:**SECO, GILBERTO MD  
237 NW 12 AVE  
SUITE A  
MIAMI, FL 33128 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: \_\_\_\_\_

Electronic Signature of Registered Agent

04/23/2009

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: SECO, GILBERTO  
Address: 9841 SW 155 AVENUE  
City-St-Zip: MIAMI, FL 33196 US

Title: VP ( ) Delete  
Name: SECO, YVONNE  
Address: 9841 SW 155 AVENUE  
City-St-Zip: MIAMI, FL 33196 US

**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: GILBERTO SECO M.D.

PD

04/23/2009

Electronic Signature of Signing Officer or Director

Date