

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000094891

Entity Name: EDWIN LIU, M.D., P.A.

FILED
Jan 07, 2008
Secretary of State

Current Principal Place of Business:

12989 SOUTHERN BLVD
SUITE 201
LOXAHATCHEE, FL 33470 US

Current Mailing Address:

12989 SOUTHERN BLVD
SUITE 201
LOXAHATCHEE, FL 33470 US

New Principal Place of Business:

12959 PALMS WEST DRIVE
SUITE 120
LOXAHATCHEE, FL 33470 US

New Mailing Address:

FEI Number: 65-1045187 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LIU, EDWIN MD
12989 SOUTHERN BLVD. SUITE 201
LOXAHATCHEE, FL 33470 US

Name and Address of New Registered Agent:

LIU, EDWIN MD
12959 PALMS WEST DRIVE
SUITE 120
LOXAHATCHEE, FL 33470 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

01/07/2008

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: MD () Delete
Name: LIU, EDWIN MD
Address: 2865 POLO ISLAND DRIVE
City-St-Zip: WELLINGTON, FL 33414

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: EDWIN LIU,MD

Electronic Signature of Signing Officer or Director

PRES

01/07/2008

Date