

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000097169

**FILED**  
**Jan 19, 2010**  
**Secretary of State**

**Entity Name:** EDUARDO BORGES, M.D., P.A.

**Current Principal Place of Business:**

638 NE JENSEN BEACH BLVD.  
JENSEN BEACH, FL 34957

**New Principal Place of Business:**

1700 HILLMOOR DRIVE  
SUITE 501  
PORT ST. LUCIE, FL 34952

**Current Mailing Address:**

638 NE JENSEN BEACH BLVD.  
JENSEN BEACH, FL 34957

**New Mailing Address:**

1700 HILLMOOR DRIVE  
SUITE 501  
PORT ST. LUCIE, FL 34952

FEI Number: 65-1049094

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BORGES, EDUARDO  
638 NE JENSEN BEACH BLVD.  
JENSEN BEACH, FL 34957 US

**Name and Address of New Registered Agent:**

BORGES, EDUARDO  
1700 SE HILLMOOR DRIVE  
SUITE 501  
PORT ST. LUCIE, FL 34952 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

01/19/2010

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D  
Name: BORGES, EDUARDO F  
Address: 1700 SE HILLMOOR DRIVE SUITE 501  
City-St-Zip: PORT ST. LUCIE, FL 34952

I hereby 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 all other like empowered.

SIGNATURE: EDUARDO BORGES, MD

P

01/19/2010

Electronic Signature of Signing Officer or Director

Date