

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000102876

**FILED**  
**Apr 02, 2009**  
**Secretary of State**

**Entity Name:** FERNANDO J. DUARTE D.M.D., P.A.

**Current Principal Place of Business:**

12021 SW 105 TERRACE  
MIAMI, FL 331863805

**New Principal Place of Business:**

4651 PONCE DE LEON BLVD.  
101  
CORAL GABLES, FL 33146

**Current Mailing Address:**

12021 SW 105 TERRACE  
MIAMI, FL 331863805

**New Mailing Address:**

**FEI Number:** 65-1065310

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DUARTE, FERNANDO J D.M.D.  
12021 SW 105 TERRACE  
MIAMI, FL 331863805 US

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

DUARTE, FERNANDO J D.M.D.  
4651 PONCE DE LEON BLVD.  
101  
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:** FERNANDO J. DUARTE

04/02/2009

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** D ( ) Delete  
**Name:** DUARTE, FERNANDO J  
**Address:** 12021 SW 105 TERRACE  
**City-St-Zip:** MIAMI, FL 331863805

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

**Title:** D (X) Change ( ) Addition  
**Name:** DUARTE, FERNANDO J  
**Address:** 4651 PONCE DE LEON BLVD. SUITE 101  
**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:** FERNANDO J. DUARTE

OWNE

04/02/2009

Electronic Signature of Signing Officer or Director

Date