

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000032924

Entity Name: CESAR EURIBE, M.D., P.A.

FILED  
Apr 13, 2009  
Secretary of State

## Current Principal Place of Business:

13940 US HWY 441  
SUITE 503  
LADY LAKE, FL 32159

## New Principal Place of Business:

1503 BUENOS AIRES BLVD.  
BUILDING# 150  
LADY LAKE, FL 32159

## Current Mailing Address:

13940 US HWY 441  
SUITE 503  
LADY LAKE, FL 32159

## New Mailing Address:

1503 BUENOS AIRES BLVD.  
BUILDING# 150  
LADY LAKE, FL 32159

FEI Number: 59-3701603

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

EURIBE, CESAR M.D.  
13940 US HWY 441  
SUITE 503  
LADY LAKE, FL 32159 US

## Name and Address of New Registered Agent:

EURIBE, CESAR M.D.  
1503 BUENOS AIRES BLVD.  
BUILDING# 150  
LADY LAKE, FL 32159 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

04/13/2009

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: EURIBE, CESAR M.D.  
Address: 13940 US HWY 441 SUITE 503  
City-St-Zip: LADY LAKE, FL 32159

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: EURIBE, CESAR M.D.  
Address: 1503 BUENOS AIRES BLVD. #150  
City-St-Zip: LADY LAKE, FL 32159

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: CESAR EURIBE M.D.

D

04/13/2009

Electronic Signature of Signing Officer or Director

Date