

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000040319

FILED
May 21, 2009
Secretary of State

Entity Name: DORAL MEDICAL MANAGEMENT AND INSURANCE SERVICES, INC.

Current Principal Place of Business:

10820 NW 58 ST
DORAL, FL 33178

New Principal Place of Business:

Current Mailing Address:

10820 NW 58 ST
DORAL, FL 33178

New Mailing Address:

FEI Number: 65-1101048

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HASS, MARIA
10820 NW 58 ST
DORAL, FL 33178 US

Name and Address of New Registered Agent:

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

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: HASS, MARIA
Address: 10820 NW 58 ST
City-St-Zip: DORAL, FL 33178

Title: SD () Delete
Name: DE DIEGO, JORGE
Address: 10820 NW 58 ST
City-St-Zip: DORAL, FL 33178

Title: TD () Delete
Name: DE DIEGO, ANA
Address: 10820 NW 58 ST
City-St-Zip: DORAL, FL 33178

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: MARIA HASS

PD

05/21/2009

Electronic Signature of Signing Officer or Director

Date