

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000056246

Entity Name: ANDRES VEGA, M.D., P.A.

FILED  
Apr 29, 2009  
Secretary of State

## Current Principal Place of Business:

7100 W 20 AVE  
HIALEAH, FL 33016

## New Principal Place of Business:

## Current Mailing Address:

1435 W 49TH PLACE SUITE 500  
HIALEAH, FL 33012

## New Mailing Address:

FEI Number: 65-1108834

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

VEGA, ANDRES  
1435 W 49TH PLACE, SUITE 500  
HIALEAH, FL 33012 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: PT ( ) Delete  
Name: VEGA, ANDRES  
Address: 6630 SW 93RD AVENUE  
City-St-Zip: MIAMI, FL 33173

Title: VS ( ) Delete  
Name: VEGA, DAMARYS  
Address: 6630 SW 93RD AVE  
City-St-Zip: MIAMI, FL 33173

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: DAMARYS VEGA

MGRM

04/29/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date