

**2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P01000065852

**FILED**  
**Oct 11, 2008**  
**Secretary of State****Entity Name:** ALVARO J. OCAMPO M.D., P.A.**Current Principal Place of Business:**664 EAST 25 TH STREET  
102  
HIALEAH, FL 33013 US**Current Mailing Address:**664 EAST 25 TH STREET  
102  
HIALEAH, FL 33013 US**New Principal Place of Business:**770 PONCE DELEON  
101  
CORAL GABLES, FL 33134 US**New Mailing Address:**770 PONCE DELEON  
101  
CORAL GABLES, FL 33134 US**FEI Number:** 65-1125467**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**OCAMPO, ALVARO MD  
664 EAST 25TH STREET  
102  
HIALEAH, FL 33013 US**Name and Address of New Registered Agent:**OCAMPO, ALVARO MD  
770 PONCE DE LEON  
101  
CORAL GABLES, FL 33134 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:** ALVARO OCAMPO

10/11/2008

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:****Title:** PSTD ( ) Delete  
**Name:** OCAMPO, ALVARO J  
**Address:** 664 EAST 25TH STREET # 102  
**City-St-Zip:** HIALEAH, FL 33013 US**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** PSTD (X) Change ( ) Addition  
**Name:** OCAMPO, ALVARO J  
**Address:** 5961 SW 81 STREET  
**City-St-Zip:** MIAMI, FL 33143 US

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:** ALVARO OCAMPO

PSTD

10/11/2008

Electronic Signature of Signing Officer or Director

Date