

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000080079

FILED
May 02, 2009
Secretary of State

Entity Name: LAURA J. ZALCBERG M.D., P.A.

Current Principal Place of Business:

2951 NW 49 AVE
102
LAUDERDALE LAKES, FL 33313 US

Current Mailing Address:

2951 NW 49 AVE
102
LAUDERDALE LAKES, FL 33313 US

FEI Number: 65-1129999

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VEGA, JOSE M
25 SE 2 AVE. #410
MIAMI, FL 33131 US

New Principal Place of Business:

2951 NW 49 AVE
102/208
LAUDERDALE LAKES, FL 33313 US

New Mailing Address:

2951 NW 49 AVE
102/208
LAUDERDALE LAKES, FL 33313 US

Name and Address of New Registered Agent:

REINGOLD, BRUCE J CPA
7015 BERACASA WAY
SUITE 208
BOCA RATON, FL 33433 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: BRUCE JAY REINGOLD

05/02/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: ZALCBERG, LAURA J
Address: 17890 W DIXIE HIGHWAY SUITE 307
City-St-Zip: NORTH MIAMI, FL 33160

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: ZALCBERG, LAURA J
Address: 1836 NW 211 LANE
City-St-Zip: MIAMI, FL 33179

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: LAURA J. ZALCBERG MD

PRES

05/02/2009

Electronic Signature of Signing Officer or Director

Date