

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000114239

FILED  
May 07, 2009  
Secretary of State

Entity Name: PEDRO U DE LA ROSA COSTA MD PA

## Current Principal Place of Business:

351 NW 42 AVE STE 409  
MIAMI, FL 33126

## New Principal Place of Business:

OAK PLAZA PROFESSIONAL CENTER  
8525 SW 92ND. STREET SUITE D-15  
MIAMI, FL 33156

## Current Mailing Address:

351 NW 42 AVE STE 409  
MIAMI, FL 33126

## New Mailing Address:

OAK PLAZA PROFESSIONAL CENTER  
8525 SW 92ND. STREET SUITE D-15  
MIAMI, FL 33156

FEI Number: 65-1158677

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

DE LA ROSA COSTA, PEDRO U  
351 NW 42 AVE STE 409  
MIAMI, FL 33126 US

## Name and Address of New Registered Agent:

DE LA ROSA COSTA, PEDRO U  
OAK PLAZA PROFESSIONAL CENTER  
8525 SW 92ND. STREET SUITE D-15  
MIAMI, FL 33156 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:

05/07/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: VPD ( ) Delete  
Name: DE LA ROSA, ROSA F  
Address: 351 NW 42 AVE STE 409  
City-St-Zip: MIAMI, FL 33126

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VPD (X) Change ( ) Addition  
Name: DE LA ROSA, ROSA F  
Address: OAK PLAZA PROFESSIONAL CENTER 8525 SW 92ND  
City-St-Zip: SUITE D-15 MIAMI, FL 33156

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: PEDRO U DE LA ROSA COSTA

MD

05/07/2009

Electronic Signature of Signing Officer or Director

Date