

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000119745

FILED
Apr 28, 2009
Secretary of State

Entity Name: CARLOS G. SANCHEZ, M.D., P.A.

Current Principal Place of Business:

651 EAST 25TH STREET
HIALEAH, FL 33013

New Principal Place of Business:

100 S POINTE DR #3004
MIAMI BEACH, FL 33139

Current Mailing Address:

9005 S.W. 68TH AVE,
MIAMI, FL 33156

New Mailing Address:

100 S POINTE DR #3004
MIAMI BEACH, FL 33139

FEI Number: 22-3851017

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SANCHEZ, CARLOS G MD
9005 S.W. 68TH AVE.
MIAMI, FL 33156 US

Name and Address of New Registered Agent:

SANCHEZ, CARLOS G MD
6300 N BAY RD
MIAMI BEACH, FL 33141 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: CARLOS G. SANCHEZ, MD

04/28/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PVST () Delete
Name: SANCHEZ, CARLOS G MD
Address: 651 EAST 25TH STREET
City-St-Zip: HIALEAH, FL 33013

Title: PVDS () Delete
Name: SANCHEZ, CARLOS G MD
Address: 9005 S.W. 68TH AVE.
City-St-Zip: MIAMI, FL 33156

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PVST (X) Change () Addition
Name: SANCHEZ, CARLOS G MD
Address: 6300 N BAY RD
City-St-Zip: MIAMI BEACH, FL 33141

Title: PVDS (X) Change () Addition
Name: SANCHEZ, CARLOS G MD
Address: 6300 N BAY RD
City-St-Zip: MIAMI BEACH, FL 33141

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: CARLOS G. SANCHEZ, MD

PVST

04/28/2009

Electronic Signature of Signing Officer or Director

Date