

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000001685

Entity Name: A. RUBEN CARIDE, M.D., P.A.

FILED
Jan 12, 2009
Secretary of State

Current Principal Place of Business:

7000 SW 97 AVENUE
208
MIAMI, FL 33173

New Principal Place of Business:

9485 SW 72 STREET
A195
MIAMI, FL 33173

Current Mailing Address:

7000 SW 97 AVENUE
208
MIAMI, FL 33173

New Mailing Address:

9485 SW 72 STREET
A195
MIAMI, FL 33173

FEI Number: 26-0008875

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CARIDE, A. RUBEN
7000 SW 97 AVE., #208
MIAMI, FL 33173 US

Name and Address of New Registered Agent:

CARIDE, A. RUBEN
9485 SW 72 STREET
A195
MIAMI, FL 33173 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:

01/12/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DR () Delete
Name: CARIDE, A. RUBEN
Address: 11440 SW 102ND ST.
City-St-Zip: MIAMI, FL 33176

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: A. RUBEN CARIDE

OWN

01/12/2009

Electronic Signature of Signing Officer or Director

Date