2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2009
Secretary of State

DOCUMENT# P02000002849

Entity Name: DOMINGO A. DELGADO-GARCIA, M.D., P.A.

Current Principal Place of Business:

4850 W. OAKLAND PARK BLVD.
136
LAUDERDALE LAKES, FL 33313

New Principal Place of Business:

5597 NORTH DIXIE HIGHWAY
HOLY CROSS ORTHOPAEDIC INSTITUTE
FORT LAUDERDALE, FL 33334

Current Mailing Address:

4850 W. OAKLAND PARK BLVD.
136
LAUDERDALE LAKES, FL 33313

New Mailing Address:

5597 NORTH DIXIE HIGHWAY
HOLY CROSS ORTHOPAEDIC INSTITUTE
FORT LAUDERDALE, FL 33334

FEI Number: 02-0537018 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GARCIA, DOMNIGO A
4850 W OAKLAND PK BLVD # 136
FORT LAUDERDALE, FL 33313 US

Name and Address of New Registered Agent:

DELGADO-GARCIA, DOMNIGO A
5597 NORTH DIXIE HIGHWAY
HOLY CROSS ORTHOPAEDIC INSTITUTE
FORT LAUDERDALE, FL 33334 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: DOMINGO A DELGADO-GARCIA 01/22/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: GARCIA, DOMINGO A
Address: 4850 W. OAKLAND PARK BLVD., 136
City-St-Zip: LAUDERDALE LAKES, FL 33313

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: DELGADO-GARCIA, DOMINGO A
Address: 5597 NORTH DIXIE HIGHWAY
City-St-Zip: FORT LAUDERDALE, FL 33334

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: DOMINGO A DELGADO-GARCIA PRES 01/22/2009
Electronic Signature of Signing Officer or Director Date