

**2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

**FILED  
May 05, 2009  
Secretary of State**

DOCUMENT# P02000010123

Entity Name: MAGALIS AGUILERA PSY.D.; P.A.

**Current Principal Place of Business:**

9745 SW SUNSET DR, 72ND ST.  
SUITE 218  
MIAMI, FL 331734658 US

**New Principal Place of Business:**

**Current Mailing Address:**

P. O. BOX 44-0965  
MIAMI, FL 331440965 US

**New Mailing Address:**

FEI Number: 45-0463679      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

COLLAZO, EMILIO F  
756 N.W. 134 PLACE  
MIAMI, FL 33182 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: DR. ( ) Delete  
Name: AGUILERA, MAGALIS  
Address: 9745 SUNSET DR 72TH ST SUITE 218  
City-St-Zip: MIAMI, FL 331734658

**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: MAGALIS AGUILERA, PSY.D., P.A

PRES

05/05/2009

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date