

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

**FILED
Jul 04, 2009
Secretary of State**

DOCUMENT# P02000134666

Entity Name: MICHAEL S. VARONE, M.D., P.A.

Current Principal Place of Business:

1 LAMBERT COVE
FLAGLER BEACH, FL 32136

New Principal Place of Business:

6641 PIRATE PERCH TRAIL
LAKEWOOD RANCH, FL 34202

Current Mailing Address:

1 LAMBERT COVE
FLAGLER BEACH, FL 32136

New Mailing Address:

6641 PIRATE PERCH TRAIL
LAKEWOOD RANCH, FL 34202

FEI Number: 14-1865043 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BARKIN, MARSHALL H
149 S. RIDGEWOOD AVENUE
SUITE 210
DAYTONA BEACH, FL 32114 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: PS () Delete
Name: VARONE, MICHAEL S MD
Address: 1 LAMBERT CIR.
City-St-Zip: FLAGLER BEACH, FL 32136

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PS (X) Change () Addition
Name: VARONE, MICHAEL S MD
Address: 6641 PIRATE PERCH TRAIL
City-St-Zip: LAKEWOOD RANCH, FL 34202

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: MARSHALL H. BARKIN

AGEN

07/04/2009

Electronic Signature of Signing Officer or Director

_____ Date