

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000118284

FILED  
Mar 30, 2009  
Secretary of State

Entity Name: DR. NIURKA SANTANA & ASSOCIATES, INC.

## Current Principal Place of Business:

1500 WESTON RD  
SUITE 203  
WESTON, FL 33326

## New Principal Place of Business:

4399 NOB HILL RD  
SUNRISE, FL 33351

## Current Mailing Address:

1500 WESTON RD  
SUITE 203  
WESTON, FL 33326

## New Mailing Address:

P.O. BOX 278696  
MIRAMAR, FL 33027

FEI Number: 45-0532386

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SANTANA, NIURKA M DR.  
1500 WESTON RD  
203  
WESTON, FL 33326 US

## Name and Address of New Registered Agent:

SANTANA, NIURKA M DR.  
4399 NOB HILL RD  
SUNRISE, FL 33315 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:

03/30/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: SANTANA, NIURKA M DR.  
Address: 1500 WESTON RD #203  
City-St-Zip: WESTON, FL 33326

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: SANTANA, NIURKA M DR.  
Address: P.O. BOX 278696  
City-St-Zip: MIRAMAR, FL 33027

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: NIURKA SANTANA

PRES

03/30/2009

Electronic Signature of Signing Officer or Director

Date