

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000133626

FILED
Apr 30, 2009
Secretary of State

Entity Name: ROSANNA BUIGAS, M.D., P.A.

Current Principal Place of Business:

SUNSET MEDICAL PLAZA
7265 S.W. 93RD AVENUE, SUITE 202
MIAMI, FL 33173

New Principal Place of Business:

Current Mailing Address:

SUNSET MEDICAL PLAZA
7265 S.W. 93RD AVENUE, SUITE 202
MIAMI, FL 33173

New Mailing Address:

FEI Number: 43-2034319

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BUIGAS, ROSANNA
14025 SW 104 COURT
MIAMI, FL 33176 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PTD () Delete
Name: BUIGAS, ROSANNA
Address: 14025 SW 104 COURT
City-St-Zip: MIAMI, FL 33176

Title: MD () Delete
Name: BUIGAS, ROSANNA
Address: 7265 SW 93 AVE #202
City-St-Zip: MIAMI, FL 33173 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: ROSANNA BUIGAS

M.D.

04/30/2009

Electronic Signature of Signing Officer or Director

Date