

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000133626

**FILED**  
**Jan 06, 2010**  
**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  
Name: BUIGAS, ROSANNA  
Address: 14025 SW 104 COURT  
City-St-Zip: MIAMI, FL 33176

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

I hereby 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 all other like empowered.

**SIGNATURE:** ROSANNA BUIGAS MD

MD

01/06/2010

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

\_\_\_\_\_  
Date