# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 29, 2009**
**Secretary of State**

DOCUMENT# P04000024123

**Entity Name:** HUMBERTO C. MACHADO, JR. M.D.P.A.

**Current Principal Place of Business:**

747 PONCE DE LEON BLVD.
SUITE 405
CORAL GABLES, FL 33134

**New Principal Place of Business:**

**Current Mailing Address:**

747 PONCE DE LEON BLVD.
SUITE 405
CORAL GABLES, FL 33134

**New Mailing Address:**

**FEI Number: 20-0665740** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

MENDEZ, LEONARDO P ESQ.
3301 PONCE DE LEON BLVD
SUITE 200
CORAL GABLES, FL 33134 US

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

MENDEZ, LEONARDO P ESQ.
747 PONCE DE LEON BLVD.
SUITE 405
CORAL GABLES, FL 33134 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: 04/29/2009
Electronic Signature of Registered Agent — Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete
Name: MACHADO, HUMBERTO C JR MD
Address: 747 PONCE DE LEON BLVD.
City-St-Zip: CORAL GABLES, FL 33134

**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: HUMBERTO C MACHADO JR. MD D 04/29/2009
Electronic Signature of Signing Officer or Director — Date