

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000062903

Entity Name: NORMA ROCHE,MD PA

FILED
Apr 14, 2009
Secretary of State

Current Principal Place of Business:

698 N HOMESTEAD BLVD
STE 104
HOMESTEAD, FL 33030

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 924308
PRINCETON, FL 33092

New Mailing Address:

FEI Number: 90-0253540

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BARRERAS, LESTER CPA PA
1987 NW 88 CT., #201
DORAL, FL 33172 US

Name and Address of New Registered Agent:

NORMA ROCHE MD
698 N. HOMESTEAD BLVD
SUITE 104
HOMESTEAD, FL 33030 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: NORMA ROCHE MD

04/14/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ROCHE, NORMA MD
Address: 698 NORTH HOMESTEAD BLVD#104
City-St-Zip: HOMESTEAD, FL 33030

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSD (X) Change () Addition
Name: ROCHE, NORMA MD
Address: 698 NORTH HOMESTEAD BLVD., SUITE 104
City-St-Zip: HOMESTEAD, FL 33030

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: NORMA ROCHE MD

PSD

04/14/2009

Electronic Signature of Signing Officer or Director

Date