

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000068132

FILED
Mar 05, 2009
Secretary of State

Entity Name: EILEEN TURBESSI, M.D., P.A.

Current Principal Place of Business:

91500 OVERSEAS HWY., #109
TAVERNIER, FL 33070

New Principal Place of Business:

91500 OVERSEAS HWY., #109
TAVERNIER, FL 33070 US

Current Mailing Address:

8660 W. FLAGLER STREET
SUITE 200
MIAMI, FL 33144

New Mailing Address:

8660 W. FLAGLER STREET
SUITE 200
MIAMI, FL 33144 US

FEI Number: 20-1088825

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TURBESSI, EILEEN
91500 OVERSEAS HWY., #109
TAVERNIER, FL 33070 US

Name and Address of New Registered Agent:

TURBESSI, EILEEN MD
91500 OVERSEAS HWY., #109
TAVERNIER, FL 33070 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: LORN LEITMAN

03/05/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: TURBESSI, EILEEN
Address: 104 ORCHID ST
City-St-Zip: TAVERNIER, FL 33070

Title: D () Delete
Name: TURBESSI, MARK
Address: 104 ORCHID ST
City-St-Zip: TAVERNIER, FL 33070

Title: D () Delete
Name: LEITMAN, LORN
Address: 8660 W. FLAGLER STREET, #200
City-St-Zip: MIAMI, FL 33144

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: TURBESSI, EILEEN MD
Address: 104 ORCHID ST
City-St-Zip: TAVERNIER, FL 33070 US

Title: D (X) Change () Addition
Name: TURBESSI, MARK
Address: 104 ORCHID ST
City-St-Zip: TAVERNIER, FL 33070 US

Title: D (X) Change () Addition
Name: LEITMAN, LORN
Address: 8660 W. FLAGLER STREET, #200
City-St-Zip: MIAMI, FL 33144 US

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: LORN LEITMAN

D

03/05/2009

Electronic Signature of Signing Officer or Director

Date