2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P04000068132

FILED Sep 01, 2009 Secretary of State

Entity Na	me: EILEEN 1	TURBESSI, M.D., P.A.				
Current Principal Place of Business:				New Principal Place of Business:		
	ERSEAS HWY ER, FL 33070	., #109 US				
Current Mailing Address:				New Mailing Address:		
8660 W. FLAGLER STREET SUITE 200 MIAMI, FL 33144 US				91500 OVERSEAS HWY., #109 TAVERNIER, FL 33070 US		
FEI Number	: 20-1088825	FEI Number Applied For ()	FEI Nun	nber Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
91500 OVE TAVERNIE	BI, EILEEN MD ERSEAS HWY ER, FL 33070	., #109 US				
	named entity : e of Florida.	submits this statement for the	purpose o	f changing its registere	ed office or registered agent, or both,	
SIGNATUI	RE:					
	Electror	nic Signature of Registered Ag	ent		Date	
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	D () TURBESSI, EIL 104 ORCHID S TAVERNIER, F	Т		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () TURBESSI, MA 104 ORCHID S TAVERNIER, F	Т		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	LEITMAN, LÒR	LER STREET, #200		Title: Name: Address: City-St-Zip:	() Change () Addition	

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: MARK TURBESSI D 09/01/2009