

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000077221

Entity Name: CARLOS R SANTOS MD PA

FILED  
Feb 04, 2009  
Secretary of State

## Current Principal Place of Business:

16855 NE 2ND AVENUE  
SUITE 302  
NORTH MIAMI BEACH, FL 33162 US

## New Principal Place of Business:

## Current Mailing Address:

601 N. FLAMINGO ROAD  
SUITE 403  
PEMBROKE PINES, FL 33028 US

## New Mailing Address:

601 N FLAMINGO RD  
SUITE 403  
PEMBROKE PINES, FL 33028

FEI Number: 84-1647878

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SANTOS, CARLOS R  
16855 NE 2 AVE #302A  
NORTH MIAMI BCH., FL 33162 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: PRES ( ) Delete  
Name: SANTOS, CARLOS R  
Address: 16855 NE 2ND AVENUE, SUITE 302  
City-St-Zip: NORTH MIAMI BEACH, FL 33162 US

Title: SECR ( ) Delete  
Name: BRUNO, MARIA C  
Address: 16855 NE 2ND AVENUE, SUITE 302  
City-St-Zip: NORTH MIAMI BEACH, FL 33162 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: CARLOS R SANTOS

MD

02/04/2009

Electronic Signature of Signing Officer or Director

Date