

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000095765

FILED
Jul 10, 2008
Secretary of State

Entity Name: ALFREDO J. FARINAS, M.D., P.A.

Current Principal Place of Business:

54 CAMINO REAL BLVD
HOWEY IN THE HILLS, FL 34737 US

New Principal Place of Business:

1755 LAKE TERRACE DR
EUSTIS, FL 32726 US

Current Mailing Address:

PO BOX 247
YALAHUA, FL 34797 US

New Mailing Address:

FEI Number: 20-1291003 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FARINAS, ALFREDO J
54 CAMINO REAL BLVD
HOWEY IN THE HILLS, FL 34737 US

Name and Address of New Registered Agent:

FARINAS, ALFREDO J
1755 LAKE TERRACE DR
EUSTIS, FL 32726 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: ALFREDO J FARINAS MD

07/10/2008

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: FARINAS, ALFREDO J
Address: 54 CAMINO REAL BLVD
City-St-Zip: HOWEY IN THE HILLS, FL 34737 US

Title: VP () Delete
Name: FARINAS, FLOR
Address: 54 CAMINO REAL BLVD
City-St-Zip: HOWEY IN THE HILLS, FL 34737 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: FARINAS, ALFREDO J
Address: 1755 LAKE TERRACE DR
City-St-Zip: EUSTIS, FL 32726 US

Title: VP (X) Change () Addition
Name: FARINAS, FLOR
Address: 1755 LAKE TERRACE DR
City-St-Zip: EUSTIS, FL 32726 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: ALFREDO J FARINAS MD

P

07/10/2008

Electronic Signature of Signing Officer or Director

Date