

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000115270

Entity Name: AVECINA MEDICAL, P.A.

FILED  
Jul 01, 2009  
Secretary of State

## Current Principal Place of Business:

1633 RACE TRACK ROAD  
SUITE 1  
JACKSONVILLE, FL 32259 US

## New Principal Place of Business:

## Current Mailing Address:

1633 RACE TRACK ROAD  
SUITE 1  
JACKSONVILLE, FL 32259 US

## New Mailing Address:

FEI Number: 20-1628686

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MARQUINEZ, ROMUALDO C JR.  
3733 UNIVERSITY BLVD. WEST  
SUITE 210-B  
JACKSONVILLE, FL 32217 US

## Name and Address of New Registered Agent:

SOLEYMANI, SAMAN P  
1633 RACETRACK RD  
SUITE #1  
JACKSONVILLE, FL 32259 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: SAMAN SOLEYMANI

07/01/2009

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: SOLEYMANI, SAMAN  
Address: 1633 RACE TRACK ROAD, STE 1  
City-St-Zip: JACKSONVILLE, FL 32259 US

Title: VP ( ) Delete  
Name: MODEL, DMITRIY B  
Address: 1633 RACE TRACK ROAD, STE 1  
City-St-Zip: JACKSONVILLE, FL 32259 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: SAMAN SOLEYMANI

P

07/01/2009

Electronic Signature of Signing Officer or Director

Date