## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P04000154781

Entity Name: A. TERRELONGE MD - PA

FILED Feb 07, 2008 Secretary of State

**Current Principal Place of Business:** 

**New Principal Place of Business:** 

1150 N.W. 72ND. AVENUE SUITE # 730 MIAMI, FL 33126

**Current Mailing Address:** 

**New Mailing Address:** 

4312 SW 159 PATH 300 NW 129 AVENUE MIAMI, FL 33185 MIAMI, FL 33182

FEI Number: 20-1896966

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

TERRELONGE, ANTONIO 300 NW 129 AVENUE MIAMI, FL 33182 US

4312 SW 159 PATH MIAMI, FL 33185 US

TERRELONGE, ANTONIO

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: ANTONIO TERRELONGE

02/07/2008

Electronic Signature of Registered Agent

FEI Number Applied For ( )

Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 P
 ( ) Delete

 Name:
 TERRELONGE, ANTONIO

 Address:
 4312 SW 159 PATH

 City-St-Zip:
 MIAMI, FL 33185

Title: P
Name: TERREL

(X) Change ( ) Addition

Name: TERRELONGE, ANTONIO
Address: 300 NW 129 AVENUE
City-St-Zip: MIAMI, FL 33182

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: ANTONIO TERRELONGE P 02/07/2008