

**2009 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED  
May 28, 2009  
Secretary of State**

DOCUMENT# P04000161945

Entity Name: MAX AROCHA, D.M.D., PA

**Current Principal Place of Business:**

10031 PINES BLVD.  
W 101  
PEMBROKE PINES, FL 33024 US

**New Principal Place of Business:**

**Current Mailing Address:**

10031 PINES BLVD.  
W 101  
PEMBROKE PINES, FL 33024 US

**New Mailing Address:**

FEI Number: 59-3789375      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

AROCHA, MAX  
10031 PINES BLVD.  
W 101  
PEMBROKE PINES, FL 33024 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

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: AROCHA, MAX  
Address: 10031 PINES BLVD., SUITE W 101  
City-St-Zip: PEMBROKE PINES, FL 33024 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DR (X) Change ( ) Addition  
Name: AROCHA, MAX  
Address: 10031 PINES BLVD., SUITE W 101  
City-St-Zip: PEMBROKE PINES, FL 33024 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: MAX AROCHA

DR

05/28/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date