

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000001807

FILED
Jan 10, 2009
Secretary of State

Entity Name: ST. JOHN MEDICAL ASSOCIATES, INC.

Current Principal Place of Business:

4850 WEST OAKLAND PARK BLVD
148
LAUDERDALE LAKES, FL 33313

New Principal Place of Business:

10305 SW 89 COURT
MIAMI, FL 33176

Current Mailing Address:

C/O MICHAEL ANIMAL
5629 SW 107TH AVE
MIAMI, FL 33173

New Mailing Address:

FEI Number: 20-2403660 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

ZAKI, MIRA CPA
7777 N.W. 146 STREET
MIAMI LAKES, FL 33016 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: P, S () Delete
Name: MICHAEL, SONIA V MD
Address: 10305 SW 89 COURT
City-St-Zip: MIAMI, FL 33176 US

Title: DIR () Delete
Name: MICHAEL, SONIA V MD
Address: 10305 SW 89 COURT
City-St-Zip: MIAMI, FL 33176 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: SONIA MICHAEL

DR

01/10/2009

_____ Electronic Signature of Signing Officer or Director

_____ Date