

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000016119

Entity Name: XUNDA A. GIBSON, M.D., INC.

FILED  
Apr 01, 2009  
Secretary of State

## Current Principal Place of Business:

5379 LYONS ROAD  
SUITE 183  
COCONUT CREEK, FL 33073 US

## Current Mailing Address:

5379 LYONS ROAD  
SUITE 183  
COCONUT CREEK, FL 33073 US

## New Principal Place of Business:

2400 W. SAMPLE ROAD  
SUITE 4  
POMPANO BEACH, FL 33073 US

## New Mailing Address:

2400 W. SAMPLE ROAD  
SUITE 4  
POMPANO BEACH, FL 33073 US

FEI Number: 20-2185874

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GIBSON, XUNDA A M.D.  
5379 LYONS ROAD  
SUITE 183  
COCONUT CREEK, FL 33073 US

## Name and Address of New Registered Agent:

GIBSON, XUNDA A M.D.  
2400 W. SAMPLE ROAD  
SUITE 4  
POMPANO BEACH, FL 33073 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:

04/01/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: GIBSON, XUNDA A M.D.  
Address: 5379 LYONS ROAD, SUITE 183  
City-St-Zip: COCONUT CREEK, FL 33073 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: GIBSON, XUNDA A M.D.  
Address: 2400 W. SAMPLE ROAD SUITE 4  
City-St-Zip: POMPANO BEACH, FL 33073 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: XUNDA A. GIBSON

P

04/01/2009

Electronic Signature of Signing Officer or Director

Date