2008 FOR PROFIT CORPORATION ANNUAL REPORT

- FILED **DOCUMENT # P05000020027** Jul 17, 2008 08:00 AM Secretary of State 1. Entity Name ROBERT L. DIAZ, M.D., P.A. Principal Place of Business Mailing Address 1002 S. OLD DIXIE HIGHWAY 1002 S. OLD DIXIE HIGHWAY 206 206 JUPITER, FL 33458 JUPITER, FL 33458 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 07072008 Chg-P CR2E034 (12/06) City & State 4. FEI Number Applied For City & State 20-2319529 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name DIAZ, ROBERT L Street Address (P.O. Box Number is Not Acceptable) 1002 S. OLD DIXIE HIGHWAY JUPITER, FL 33458 Zip Code FL 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and little if applicable. DATE (NOTE, Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5:00 May Be FILE NOW!!! FEE IS \$550.00 Π, Due by September 12, 2008 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. P. D Change Addition TITLE ☐ Delete TITLE NAME DIAZ, ROBERT L NAME 1002 S. OLD DIXIE HIGHWAY, STE 206 STREET ADDRESS STREET ADDRESS U000000955422 JUPITER, FL 33458 CHY-SI-7IP CITY-ST-ZIP 117717708-80002-Alchay 50 1 Albanian ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7P TITLE ☐ Delete Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CHY-SI-ZIP 12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained 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 signature shall have the same legal effect as if made under oath; that if 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dayter e Phone