## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P05000072627

City-St-Zip: KEYSTONE HEIGHTS, FL 32656

Entity Name: GLORIOSA ANTIPORDA, M.D., P.A.

FILED Feb 18, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place of	New Principal Place of Business:	
	RMANDY BLVE NVILLE, FL 32:				
Current Mailing Address:			New Mailing Address:		
	RMANDY BLVE NVILLE, FL 32:				
FEI Numbe	r: 20-2857966	FEI Number Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
ANTIPOR	DA, GLORIOS	A M.D.			
	RMANDY BLVE NVILLE, FL 32:				
	e named entity te of Florida.	submits this statement for the p	ourpose of changing its registered	office or registered agent, or both,	
SIGNATU	IRE:				
	Electro	nic Signature of Registered Age	ent	Date	
Election Ca	ampaign Financin	g Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name:	,	) Delete SLORIOSA M.D.	Title: Name:	( ) Change ( ) Addition	
Addrage:	5047 COLINTY	POAD 352	Addrace:		

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: GLORIOSA ANTIPORDA D 02/18/2009