

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000100646

FILED
Mar 30, 2009
Secretary of State

Entity Name: JAVIER FARACH, MD, P.A.

Current Principal Place of Business:

800 STERTHAUS AVENUE
SUITE B
ORMOND BEACH, FL 32174 US

New Principal Place of Business:

238 TREELINE LANE
ORMOND BEACH, FL 32174 US

Current Mailing Address:

800 STERTHAUS AVENUE
SUITE B
ORMOND BEACH, FL 32174 US

New Mailing Address:

238 TREELINE LANE
ORMOND BEACH, FL 32174 US

FEI Number: 90-0081053

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FARACH, CARLOS J MD
6 GREY DAPPLE WAY
ORMOND BEACH, FL 32174 US

Name and Address of New Registered Agent:

FARACH, CARLOS J MD
238 TREELINE LANE
ORMOND BEACH, FL 32174 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:

03/30/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: FARACH, CARLOS J MD
Address: 6 GREY DAPPLE WAY
City-St-Zip: ORMOND BEACH, FL 32174 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: FARACH, CARLOS J MD
Address: 238 TREELINE LANE
City-St-Zip: ORMOND BEACH, FL 32174 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: CARLOS J FARACH

P

03/30/2009

Electronic Signature of Signing Officer or Director

Date