

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000103581

FILED
Feb 08, 2009
Secretary of State

Entity Name: JOSE MANUEL SANCHEZ M.D., P.A.

Current Principal Place of Business:

1321 NW 14TH STREET
SUITE 303
MIAMI, FL 33125

New Principal Place of Business:

6705 RED ROAD
SUITE 516
CORAL GABLES, FL 33143

Current Mailing Address:

P. O. BOX 565811
MIAMI, FL 33256

New Mailing Address:

FEI Number: 20-3334371

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SANCHEZ, JOSE MANUEL
14048 SW 83RD PLACE
MIAMI, FL 33158 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: PTS () Delete
Name: SANCHEZ, JOSE MANUEL
Address: P. O. BOX 565811
City-St-Zip: MIAMI, FL 33256

Title: D () Delete
Name: SANCHEZ, JOSE MANUEL
Address: P. O. BOX 565811
City-St-Zip: MIAMI, FL 33256

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: JOSE MANUEL SANCHEZ

PTS

02/08/2009

Electronic Signature of Signing Officer or Director

Date