

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000105373

Entity Name: AMADO VIERA, M.D., P.A.

FILED
Jan 10, 2009
Secretary of State

Current Principal Place of Business:

777 EAST 25 STREET STE 118
HIALEAH, FL 33013

New Principal Place of Business:

777 EAST 25 STREET
STE 118
HIALEAH, FL 33013

Current Mailing Address:

777 EAST 25 STREET STE 118
HIALEAH, FL 33013

New Mailing Address:

777 EAST 25 STREET
STE 118
HIALEAH, FL 33013

FEI Number: 27-0129723

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VIERA, LIZ Y
12720 IXORA ROAD
MIAMI, FL 33181 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: P () Delete
Name: VIERA, AMADO MD
Address: 777 EAST 25 STREET SUITE 219
City-St-Zip: HIALEAH, FL 33013

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: VIERA, AMADO MD
Address: 777 EAST 25 STREET SUITE 118
City-St-Zip: HIALEAH, FL 33013

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: AMADO VIERA, MD

PRES

01/10/2009

_____ Electronic Signature of Signing Officer or Director

_____ Date