2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2009
Secretary of State

DOCUMENT# P05000120015

Entity Name: COMMUNITY PHYSICIANS OF NORTH PORT, P.A.

Current Principal Place of Business:

151 TAMIAMI TRAIL
NORTH PORT, FL 34287

New Principal Place of Business:

15131 TAMIAMI TRAIL
NORTH PORT, FL 34287

Current Mailing Address:

151 TAMIAMI TRAIL
NORTH PORT, FL 34287

New Mailing Address:

15131 TAMIAMI TRAIL
NORTH PORT, FL 34287

FEI Number: 20-3387275 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MASI, JUAN M
1531 TAMIAMI TRAIL
NORTH PORT, FL 34287 US

Name and Address of New Registered Agent:

MASI, JUAN M MD
15131 TAMIAMI TRAIL
NORTH PORT, FL 34287 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: JUAN M MASI, MD 04/21/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: MASI, JUAN M
Address: 7005 SADDLE CREEK CIRCLE
City-St-Zip: SARASOTA, FL 34241

Title: S,T ( ) Delete
Name: MELEKS, LARISA
Address: 419 MONZA AVENUE
City-St-Zip: NORTH PORT, FL 34287

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: JUAN M MASI, MD P 04/21/2009
Electronic Signature of Signing Officer or Director Date