2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000127619

GARDNER, ROBERT A

WEST PALM BEACH, FL 33407

2151 45TH STREET

Name:

Address:

City-St-Zip:

FILED Mar 02, 2009 Secretary of State

Entity Name: BREAST CENTERS OF AMERICA, INC.				
Current Principal Place of Business:		New Principal	New Principal Place of Business:	
2151 45TH	STREET			
208 WEST PAL	M BEACH, FL 33407			
Current Mailing Address:		New Mailing A	New Mailing Address:	
2151 45TH	STREET			
208 WEST PAL	.M BEACH, FL 33407			
FEI Number:	FEI Number Applie	ed For (X) FEI Number Not Applicable	le () Certificate of Status Desired ()	
Name and Address of Current Registered Agent:		d Agent: Name and Ado	Name and Address of New Registered Agent:	
	, ROGER C CON CIRCLE	STANTON, RC 2151 45TH STI 208		
WEST PALM BEACH, FL 33407 US WEST PALM BEACH, FL 33407 US		BEACH, FL 33407 US		
The above in the State	named entity submits this statem of Florida.	nent for the purpose of changing its re	egistered office or registered agent, or both,	
SIGNATURE: ROGER STANTON			03/02/2009	
	Electronic Signature of Re	gistered Agent	Date	
Election Can	npaign Financing Trust Fund Contrib	ution ().		
OFFICERS AND DIRECTORS:		ADDITIONS/C	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P () Delete GARDNER, ROBERT A 2151 45TH STREET WEST PALM BEACH, FL 33407	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	SEC () Delete GARDNER, ROBERT A 2151 45TH STREET WEST PALM BEACH, FL 33407	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VP () Delete GARDNER, ROBERT A 2151 45TH STREET WEST PALM BEACH, FL 33407	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	VP () Delete	Title:	() Change () Addition	

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.

Name:

Address:

City-St-Zip:

SIGNATURE: ROBERT A. GARDNER, MD Ρ 03/02/2009