

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000129067

FILED
Apr 13, 2009
Secretary of State

Entity Name: D & O MEDICAL CENTER INC

Current Principal Place of Business:

4571 NW 7 STREET
MIAMI, FL 33126 US

New Principal Place of Business:

2137 W MARTIN LUTHER KING BLVD
#C
TAMPA, FL 33067 US

Current Mailing Address:

4571 NW 7 STREET
MIAMI, FL 33126 US

New Mailing Address:

2137 W MARTIN LUTHER KING BLVD
#C
TAMPA, FL 33067 US

FEI Number: 20-3498988

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PEREZ-ESPINOSA, JUAN CARLOS
4571 N.W. 7 STREET
MIAMI, FL 33126 US

Name and Address of New Registered Agent:

PEREZ-ESPINOSA, JUAN CARLOS
2137 W MARTIN LUTHER KING BLVD
#C
TAMPA, FL 33607 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:

04/13/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: PEREZ-ESPINOSA, JUAN C
Address: 4571 NW 7 STREET
City-St-Zip: MIAMI, FL 33126 US

Title: S () Delete
Name: BICET, ENRIQUE
Address: 4571 NW 7 STREET
City-St-Zip: MIAMI, FL 33126 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: BP (X) Change () Addition
Name: PEREZ-ESPINOSA, JUAN C
Address: 2137 W MARTIN LUTHER KING BLVD
City-St-Zip: TAMPA, FL 33607 US

Title: PD (X) Change () Addition
Name: GONZALEZ, JUAN
Address: 2137 W MARTIN LUTHER KING BLVD
City-St-Zip: TAMPA, FL 33607 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: JUAN GONZALEZ

PD

04/13/2009

Electronic Signature of Signing Officer or Director

Date