2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 25, 2009
Secretary of State

DOCUMENT# P05000129322

Entity Name: DELVIS A. CELDRAN, MD, P.A.

Current Principal Place of Business:

1700 SE HILMOOR DR
404
PORT SAINT LUCIE, FL 34952 US

New Principal Place of Business:

543 NW LAKE WHITNEY PLACE
SUITE 105
PORT SAINT LUCIE, FL 34986 US

Current Mailing Address:

PO BOX 882229
PORT ST. LUCIE, FL 34988 US

New Mailing Address:

FEI Number: 20-3454023 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CELDRAN, DELVIS A MD
1700 SE HILLMOOR DR
404
PORT SAINT LUCIE, FL 34952 US

Name and Address of New Registered Agent:

CELDRAN, DELVIS A MD
543 NW LAKE WHITNEY PLACE
105
PORT SAINT LUCIE, FL 34988 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: DELVIS A. CELDRAN, MD 03/25/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: CELDRAN, DELVIS A MD
Address: 1700 SE HILLMOOR DR -SUITE 404
City-St-Zip: PORT ST. LUCIE, FL 34952 US

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: CELDRAN, DELVIS A MD
Address: 543 NW LAKE WHITNEY PLACE SUITE 105
City-St-Zip: PORT ST. LUCIE, FL 34988 US

Title: VP ( ) Change (X) Addition
Name: CELDRAN, IVONNE Z
Address: 543 NW LAKE WHITNEY PLACE SUITE 105
City-St-Zip: PORT ST. LUCIE, FL 34988 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: DELVIS A. CELDRAN, MD PA PRES 03/25/2009
Electronic Signature of Signing Officer or Director Date