2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000156859

City-St-Zip:

Entity Name: RICHARD DOUYON, M.D., P.A.

PEMBROKE PINES, FL 33029

FILED Feb 01, 2009 Secretary of State

Current I	Principal Plac	e of Business:	New Principal Place o	New Principal Place of Business:	
SUITE 21	NES BOULEVA 4 KE PINES, FL				
Current Mailing Address:			New Mailing Address:	New Mailing Address:	
SUITE 21	NES BOULEV <i>A</i> 4 KE PINES, FL				
FEI Numbe	r: 65-0754724	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name an	d Address of	Current Registered Agent:	Name and Address of	Name and Address of New Registered Agent:	
RICHARD 18503 PIN	I, RICHARD M DOUYON ME NES BOULEVA NES PINES, FL) PA RD SUITE 214			
	e named entity te of Florida.	submits this statement for the	purpose of changing its registered	office or registered agent, or both,	
SIGNATL	JRE:				
	Electro	nic Signature of Registered A	gent	Date	
Election Ca	ampaign Financir	ng Trust Fund Contribution ().			
OFFICER	RS AND DIREC	CTORS:	ADDITIONS/CHANGES	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address:	DOUYON, RIC) Delete HARD MD BOULEVARD SUITE 214	Title: (Name: Address:) Change () Addition	

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: RICHARD DOUYON PRES 02/01/2009