

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000014866

FILED  
Mar 20, 2009  
Secretary of State

Entity Name: LUNA BECK, M.D. & ASSOCIATES, P.A.

## Current Principal Place of Business:

17820 SE 109TH AVE., SUITE 106B  
SUMMERFIELD, FL 34491 US

## New Principal Place of Business:

17820 SE 109TH AVE., SUITE 107  
SUMMERFIELD, FL 34491 US

## Current Mailing Address:

17820 SE 109TH AVE., SUITE 106B  
SUMMERFIELD, FL 34491 US

## New Mailing Address:

17820 SE 109TH AVE., SUITE 107  
SUMMERFIELD, FL 34491 US

FEI Number: 20-4224678

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SWIGERT, BRETT L P.A.  
1231 COUNTY ROAD 452  
EUSTIS, FL 32726 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PSTD ( ) Delete  
Name: BECK, LUNA  
Address: 17820 SE 109TH AVE., STE 106B  
City-St-Zip: SUMMERFIELD, FL 34491

Title: VP ( ) Delete  
Name: KINZEL, MYRNA  
Address: 17820 SE 109TH AVE., STE 106B  
City-St-Zip: SUMMERFIELD, FL 34491

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change ( ) Addition  
Name: BECK, LUNA  
Address: 17820 SE 109TH AVE., STE 107  
City-St-Zip: SUMMERFIELD, FL 34491

Title: VP (X) Change ( ) Addition  
Name: KINZEL, MYRNA  
Address: 17820 SE 109TH AVE., STE 107  
City-St-Zip: SUMMERFIELD, FL 34491

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: MYRNA KINZEL

VP

03/20/2009

Electronic Signature of Signing Officer or Director

Date