

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000018602

FILED
Feb 04, 2009
Secretary of State

Entity Name: SONIA TALARICO D.O.M.P.H., PA

Current Principal Place of Business:

722 SE 27 DRIVE
HOMESTEAD, FL 33035

New Principal Place of Business:

909 N KROME AVE.
HOMESTEAD, FL 33030

Current Mailing Address:

722 SE 27 DRIVE
HOMESTEAD, FL 33035

New Mailing Address:

909 N KROME AVE.
HOMESTEAD, FL 33030

FEI Number: 20-4283489

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PASTRAN, RAUL E
333 NE 8 STREET
HOMESTEAD, FL 33030 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: PST () Delete
Name: TALARICO, SONIA
Address: 722 SE 27 DRIVE
City-St-Zip: HOMESTEAD, FL 33035 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PST (X) Change () Addition
Name: TALARICO, SONIA
Address: 909 N KROME AVE.
City-St-Zip: HOMESTEAD, FL 33030 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: TALARICO, SONIA

PST

02/04/2009

_____ Electronic Signature of Signing Officer or Director

_____ Date