2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2009
Secretary of State

DOCUMENT# P06000022859

Entity Name: SANGOSANYA MEDICAL ASSOCIATES, P.A.

Current Principal Place of Business:

1083 KELTON BLVD.
GULF BREEZE, FL 32563

New Principal Place of Business:

Current Mailing Address:

1083 KELTON BLVD.
GULF BREEZE, FL 32563

New Mailing Address:

FEI Number: 20-4572027 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SANGOSANYA, AFOLABI O
19501 E. COUNTRY CLUB DRIVE, #9202
AVENTURA, FL 33180 US

Name and Address of New Registered Agent:

SANGOSANYA, AFOLABI O
1083 KELTON BLVD
GULF BREEZE, FL 32563 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: AFOLABI SANGOSANYA 02/07/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: SANGOSANYA, AFOLABI O
Address: 19501 E. COUNTRY CLUB DRIVE, #9202
City-St-Zip: AVENTURA, FL 33180

Title: O ( ) Delete
Name: SANGOSANYA, TATIANA O
Address: 19501 E. COUNTRY CLUB DRIVE, #9202
City-St-Zip: AVENTURA, FL 33180

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: SANGOSANYA, AFOLABI O
Address: 1083 KELTON BLVD
City-St-Zip: GULF BREEZE, FL 32563

Title: O (X) Change ( ) Addition
Name: SANGOSANYA, TATIANA O
Address: 1083 KELTON BLVD
City-St-Zip: GULF BREEZE, FL 32563

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: AFOLABI SANGOSANYA D 02/07/2009
Electronic Signature of Signing Officer or Director Date