

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000041603

Entity Name: RAUL P. OLAZABAL, M.D., P.A.

FILED
Feb 16, 2009
Secretary of State

Current Principal Place of Business:

11955 SW 67 CT
MIAMI, FL 33156

New Principal Place of Business:

Current Mailing Address:

11955 SW 67 CT
MIAMI, FL 33156

New Mailing Address:

PO BOX 960
MARIANNA, FL 32447

FEI Number: 63-1052311

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FIZGERALD, SAMANTHA ESQ
1395 BRICKELL AVE
14TH FLOOR
MIAMI, FL 33131 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: D () Delete
Name: OLAZABAL, RAUL P M.D.
Address: 11955 SW 67 CT
City-St-Zip: MIAMI, FL 33156

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DR (X) Change () Addition
Name: OLAZABAL, RAUL P M.D.
Address: 11955 SW 67 CT
City-St-Zip: MIAMI, FL 33156

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: DR. RAUL P OLAZABAL

PRES

02/16/2009

Electronic Signature of Signing Officer or Director

Date