

2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P06000050619

FILED
Sep 10, 2008
Secretary of State**Entity Name:** MUTUAL FLORIDA DOCTORS, INC.**Current Principal Place of Business:**2001 NW 7TH STREET SUITE 304
MIAMI, FL 33125**New Principal Place of Business:****Current Mailing Address:**2001 NW 7TH STREET SUITE 304
MIAMI, FL 33125**New Mailing Address:**3896NW 125TH STREET
OPALOCKA, FL 33054**FEI Number:** 20-4661349**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired (X)****Name and Address of Current Registered Agent:**FIGUEROA, EMERSON
2001 NW 7TH STREET SUITE 304
MIAMI, FL 33125 US**Name and Address of New Registered Agent:**VALLADARES, NELSON
3896NW 125TH STREET
OPALOCKA, FL 33054 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: NELSON VALLADARES

09/10/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: FIGUEROA, EMERSON
Address: 2001 NW 7TH STREET SUITE 304
City-St-Zip: MIAMI, FL 33125

Title: VP () Delete
Name: VALLADARES, NELSON
Address: 19428 SW 27TH STREET
City-St-Zip: MIRAMAR, FL 33029

Title: T () Delete
Name: VALLADARES, NELSON
Address: 19428 SW 27TH STREET
City-St-Zip: MIRAMAR, FL 33029

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: VALLADARES, NELSON
Address: 3896NW 125TH STREET
City-St-Zip: OPALOCKA, FL 33054

Title: VP (X) Change () Addition
Name: FIGUEROA, EMERSON
Address: 2001NW 7TH STREET SUITE304
City-St-Zip: MIAMI, FL 33125

Title: T (X) Change () Addition
Name: VALLADARES, NELSON
Address: 3896NW 125TH STREET
City-St-Zip: OPALOCKA, FL 33054

Title: S () Change (X) Addition
Name: FIGUEROA, EMERSON
Address: 2001NW 7TH STREET SUITE304
City-St-Zip: MIAMI, FL 33125

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: NELSON VALLADARES

P/D

09/10/2008

Electronic Signature of Signing Officer or Director

Date