

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000050619

Entity Name: MUTUAL FLORIDA DOCTORS, INC.

FILED
Apr 29, 2009
Secretary of State

Current Principal Place of Business:

2001 NW 7TH STREET SUITE 304
MIAMI, FL 33125

New Principal Place of Business:

Current Mailing Address:

3896NW 125TH STREET
OPALOCKA, FL 33054

New Mailing Address:

FEI Number: 20-4661349

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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

04/29/2009

Electronic Signature of Signing Officer or Director

Date