

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000075498

FILED  
Apr 11, 2010  
Secretary of State

Entity Name: MAXIMILIANO CARDOZO, P.A.

**Current Principal Place of Business:**

18501 PINES BOULEVARD  
SUITE 209  
PEMBROKE PINES, FL 33029 US

**New Principal Place of Business:**

**Current Mailing Address:**

18501 PINES BOULEVARD  
SUITE 209  
PEMBROKE PINES, FL 33029 US

**New Mailing Address:**

FEI Number: 20-4970297      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CARDOZO, MAXIMILIANO M.D.  
18501 PINES BOULEVARD  
SUITE 209  
PEMBROKE PINES, FL 33029 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: DR  
Name: CARDOZO, MAXIMILIANO M.D.  
Address: 18501 PINES BOULEVARD  
City-St-Zip: PEMBROKE PINES, FL 33029 US

Title: MS  
Name: CARDOZO, GLORIA C ARNP  
Address: 18501 PINES BOULEVARD  
City-St-Zip: PEMBROKE PINES, FL 33029 US

I hereby 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 all other like empowered.

SIGNATURE: MAXIMILIANO CARDOZO

DR

04/11/2010

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date