

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000088135

FILED  
Feb 18, 2009  
Secretary of State

Entity Name: AZIO MEDICAL CENTER INC

**Current Principal Place of Business:**

5504 SW 8TH STREET  
CORAL GABLES, FL 33134

**New Principal Place of Business:**

**Current Mailing Address:**

5504 SW 8TH STREET  
CORAL GABLES, FL 33134

**New Mailing Address:**

FEI Number: 20-5436990

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

VALLE, YAILEX  
5504 SW 8 ST  
CORAL GABLES, FL 33134 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: PD ( ) Delete  
Name: VALLE, YAILEX  
Address: 8380 SW 8TH ST  
City-St-Zip: MIAMI, FL 33144

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: VALLE, YAILEX  
Address: 5504 SW 8 ST  
City-St-Zip: CORAL GABLES, FL 33134

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: YAILEX VALLE

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

PDT

02/18/2009

\_\_\_\_\_ Date