

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000142890

Entity Name: CARIFI BREAST CARE, P.A.

FILED  
Jul 15, 2009  
Secretary of State

**Current Principal Place of Business:**

171 WEBB DRIVE  
SUITE 1  
DAVENPORT, FL 33837

**New Principal Place of Business:**

171 WEBB DRIVE  
SUITE 1  
DAVENPORT, FL 33837 US

**Current Mailing Address:**

171 WEBB DRIVE  
SUITE 1  
DAVENPORT, FL 33837

**New Mailing Address:**

171 WEBB DRIVE  
SUITE 1  
DAVENPORT, FL 33837 US

FEI Number: 20-5855360

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CARIFI, VINCENT G. MD  
128 LAKE REGION CIRCLE  
WINTER HAVEN, FL 33881 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: CARIFI, VINCENT G. MD  
Address: 128 LAKE REGION CIRCLE  
City-St-Zip: WINTER HAVEN, FL 33881

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

Title: DP (X) Change ( ) Addition  
Name: CARIFI, VINCENT G MD  
Address: 171 WEBB DRIVE - SUITE #1  
City-St-Zip: DAVENPORT, FL 33837 US

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: VINCENT G. CARIFI,M.D.

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07/15/2009

Electronic Signature of Signing Officer or Director

Date