2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000037408

Entity Name: MAGDA E. SANCHEZ-VELEZ, MD, P.A.

FILED Jan 03, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

3003 SILVER WOOD DR. 829 LAKEWORTH CIRCLE KISSIMMEE, FL 34741 LAKE MARY, FL 32746

Current Mailing Address: New Mailing Address:

3003 SILVER WOOD DR. 829 LAKEWORTH CIRCLE KISSIMMEE, FL 34741 LAKE MARY, FL 32746

FEI Number: 20-8705743 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

SANCHEZ-VELEZ, MAGDA E MD
3003 SILVER WOOD DR
KISSIMMEE, FL 34741 US
SWART BAUMRUK & COMPANY, LLP
717 EAST OAK STREET
KISSIMMEE, FL 34744 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: H. EDWARD MCLEOD, CPA 01/03/2008

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete

Name: SANCHEZ-VELEZ, MAGDA E MD Address: 3003 SILVER WOOD DR. City-St-Zip: KISSIMMEE, FL 34741

 Title:
 S
 () Delete

 Name:
 CRISOSTOMO, RICARDO H

 Address:
 3003 SILVER WOOD DR.

 City-St-Zip:
 KISSIMMEE, FL 34741

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: SANCHEZ-VELEZ, MAGDA E MD
Address: 829 LAKEWORTH CIRCLE
City-St-Zip: LAKE MARY, FL 32746

Title: S (X) Change () Addition
Name: CRISOSTOMO, RICARDO H
Address: 829 LAKEWORTH CIRCLE
City-St-Zip: LAKE MARY, FL 32746

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: MAGDA E SANCHEZ-VELEZ, MD PRES 01/03/2008