

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000037408

FILED
Jan 14, 2009
Secretary of State

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

Current Principal Place of Business:

829 LAKEWORTH CIRCLE
LAKE MARY, FL 32746

New Principal Place of Business:

2332 FALLING ACORN CIRCLE
LAKE MARY, FL 32746

Current Mailing Address:

829 LAKEWORTH CIRCLE
LAKE MARY, FL 32746

New Mailing Address:

2332 FALLING ACORN CIRCLE
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:

SWART BAUMRUK & COMPANY, LLP
717 EAST OAK STREET
KISSIMMEE, FL 34744 US

Name and Address of New Registered Agent:

SWART BAUMRUK & COMPANY, LLP
1101 MIRANDA LANE
KISSIMMEE, FL 34741 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:

01/14/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: SANCHEZ-VELEZ, MAGDA E MD
Address: 2332 FALLING ACORN CIRCLE
City-St-Zip: LAKE MARY, FL 32746

Title: S (X) Change () Addition
Name: CRISOSTOMO, RICARDO H
Address: 2332 FALLING ACORN 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, M.D.

PRES

01/14/2009

Electronic Signature of Signing Officer or Director

Date