

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000042261

FILED
Apr 30, 2009
Secretary of State

Entity Name: TODD RAPPAPORT, M.D., P.A.

Current Principal Place of Business:

1031 1ST STREET SOUTH
902
JACKSONVILLE, FL 32250

New Principal Place of Business:

125 CHIEFS TRAIL
VERO BEACH, FL 32963

Current Mailing Address:

1031 1ST STREET SOUTH
902
JACKSONVILLE, FL 32250

New Mailing Address:

125 CHIEFS TRAIL
VERO BEACH, FL 32963

FEI Number: 20-8800162

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RAPPAPORT, TODD M.D.
1031 1ST STREET SOUTH
902
JACKSONVILLE, FL 32250 US

Name and Address of New Registered Agent:

RAPPAPORT, TODD M.D.
125 CHIEFS TRAIL
VERO BEACH, FL 32963 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: TODD A RAPPAPORT

04/30/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: RAPPAPORT, TODD M.D.
Address: 1031 1ST STREET SOUTH #902
City-St-Zip: JACKSONVILLE, FL 32250

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: RAPPAPORT, TODD M.D.
Address: 125 CHIEFS TRAIL
City-St-Zip: VERO BEACH, FL 32963

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: TODD A RAPPAPORT

DR.

04/30/2009

Electronic Signature of Signing Officer or Director

Date