

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000043556

FILED
Feb 23, 2009
Secretary of State

Entity Name: VICTOR NOEL ALVARADO, MEDICAL DOCTOR INC.

Current Principal Place of Business:

2160 WHISPER LAKES BLVD
ORLANDO, FL 32837

New Principal Place of Business:

Current Mailing Address:

2160 WHISPER LAKES BLVD
ORLANDO, FL 32837

New Mailing Address:

FEI Number: 20-4654722

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ALVARADO, LEDA VP/OM
2539 TWILIGHT DRIVE
ORLANDO, FL 32825 US

Name and Address of New Registered Agent:

ALVARADO, LEDA OM
2160 WHISPER LAKES BLVD
ORLANDO, FL 32837 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: LEDA ALVARADO

02/23/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: OWNE () Delete
Name: ALVARADO, VICTOR N PTS
Address: 2160 WHISPER LAKES BLVD
City-St-Zip: ORLANDO, FL 32837

Title: M () Delete
Name: ALVARADO, LEDA A OFF-MAN
Address: 2160 WHISPER LAKES BOULEVARD
City-St-Zip: ORLANDO, FL 32837

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: OM (X) Change () Addition
Name: ALVARADO, LEDA A OFF-MAN
Address: 2160 WHISPER LAKES BOULEVARD
City-St-Zip: ORLANDO, FL 32837

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: VICTOR N ALVARADO

OWNE

02/23/2009

Electronic Signature of Signing Officer or Director

Date