

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000070980

FILED  
Apr 17, 2009  
Secretary of State

Entity Name: ROSTISLAV IGNATOV, M.D., P.A.

## Current Principal Place of Business:

1230 SOUTH FEDERAL HWY  
SUITE 102  
BOYNTON BEACH, FL 33435 US

## New Principal Place of Business:

6175 N.W. 153RD STREET  
SUITE 404  
MIAMI LAKES, FL 33014 US

## Current Mailing Address:

PO BOX 547265  
SURFSIDE, FL 33154 US

## New Mailing Address:

FEI Number: 26-0376918      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

IGNATOV, ROSTISLAV  
1230 SOUTH FEDERAL HWY  
SUITE 102  
BOYNTON BEACH, FL 33435 US

## Name and Address of New Registered Agent:

IGNATOV, ROSTISLAV  
6175 N.W. 153RD STREET  
SUITE 404  
MIAMI LAKES, FL 33014 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: \_\_\_\_\_

Electronic Signature of Registered Agent

04/17/2009

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: IGNATOV, ROSTISLAV  
Address: PO BOX 547265  
City-St-Zip: SURFSIDE, FL 33154 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: ROSTISLAV IGNATOV

D

04/17/2009

Electronic Signature of Signing Officer or Director

Date