

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000071087

FILED
Apr 24, 2009
Secretary of State

Entity Name: ONYX MEDICAL OFFICE, INC.

Current Principal Place of Business:

2466 S.W. 137 AVENUE
MIAMI, FL 33175

New Principal Place of Business:

Current Mailing Address:

2466 S.W. 137 AVENUE
MIAMI, FL 33175

New Mailing Address:

FEI Number: 26-0381232

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ACOSTA, YOANDRA
4000 S.W. 137 AVENUE
MIAMI, FL 33175 US

Name and Address of New Registered Agent:

ACOSTA, YOANDRA
2466 SW 137 AVENUE
MIAMI, FL 33175 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: YOANDRA ACOSTA

04/24/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ACOSTA, YOANDRA
Address: 4000 S.W. 137 AVENUE
City-St-Zip: MIAMI, FL 33175

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: OWNE (X) Change () Addition
Name: ZABALA, ARMANDO
Address: 2466 SW 137 AVENUE
City-St-Zip: MIAMI, FL 33175

Title: P () Change (X) Addition
Name: ACOSTA, YOANDRA
Address: 2466 SW 137 AVENUE
City-St-Zip: MIAMI, FL 33175

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: ARMANDO ZABALA

P

04/24/2009

Electronic Signature of Signing Officer or Director

Date