

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000072164

Entity Name: ANGELA PARRA, M.D., P.A.

FILED
Mar 24, 2009
Secretary of State

Current Principal Place of Business:

6767 COLLINS AVE #2105
MIAMI BEACH, FL 33141

New Principal Place of Business:

Current Mailing Address:

6767 COLLINS AVE #2105
MIAMI BEACH, FL 33141

New Mailing Address:

FEI Number: 26-0419647

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PARRA, ANGELA MD
6767 COLLINS AVE #2105
MIAMI BEACH, FL 33141 US

Name and Address of New Registered Agent:

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

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: PARRA, ANGELA
Address: 6767 COLLINS AVE #2105
City-St-Zip: MIAMI BEACH, FL 33141

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: PARRA, ANGELA
Address: 6767 COLLINS AVE #2105
City-St-Zip: MIAMI BEACH, FL 33141

Title: ST () Change (X) Addition
Name: FLICKINGER, JOHN S
Address: 6767 COLLINS AVE #2105
City-St-Zip: MIAMI BEACH, FL 33141

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: JOHN FLICKINGER

ST

03/24/2009

_____ Electronic Signature of Signing Officer or Director

_____ Date