

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000007492

FILED
Apr 30, 2009
Secretary of State

Entity Name: TRACY L. COLCHAMIRO, M.D., P.A.

Current Principal Place of Business:

1100 DELANEY AVENUE
D21
ORLANDO, FL 32806 US

New Principal Place of Business:

1308 E. HARDING STREET
ORLANDO, FL 32806 US

Current Mailing Address:

1100 DELANEY AVENUE
D21
ORLANDO, FL 32806 US

New Mailing Address:

1308 E. HARDING STREET
ORLANDO, FL 32806 US

FEI Number: 37-1559858

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COLCHAMIRO, TRACY L M.D.
1100 DELANEY AVENUE
D21
ORLANDO, FL 32806 US

Name and Address of New Registered Agent:

COLCHAMIRO, TRACY L M.D.
1308 E. HARDING STREET
ORLANDO, FL 32806 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: TRACY L. COLCHAMIRO, M.D.

04/30/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: COLCHAMIRO, TRACY L M.D.
Address: 1100 DELANEY AVENUE, D21
City-St-Zip: ORLANDO, FL 32806 US

Title: VP () Delete
Name: COLCHAMIRO, TRACY L M.D.
Address: 1100 DELANEY AVENUE, D21
City-St-Zip: ORLANDO, FL 32806 US

Title: SEC () Delete
Name: COLCHAMIRO, TRACY L M.D.
Address: 1100 DELANEY AVENUE, D21
City-St-Zip: ORLANDO, FL 32806 US

Title: TREA () Delete
Name: COLCHAMIRO, TRACY L M.D.
Address: 1100 DELANEY AVENUE, D21
City-St-Zip: ORLANDO, FL 32806 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: COLCHAMIRO, TRACY L M.D.
Address: 1308 E. HARDING STREET
City-St-Zip: ORLANDO, FL 32806 US

Title: VP (X) Change () Addition
Name: COLCHAMIRO, TRACY L M.D.
Address: 1308 E. HARDING STREET
City-St-Zip: ORLANDO, FL 32806 US

Title: SEC (X) Change () Addition
Name: COLCHAMIRO, TRACY L M.D.
Address: 1308 E. HARDING STREET
City-St-Zip: ORLANDO, FL 32806 US

Title: TREA (X) Change () Addition
Name: COLCHAMIRO, TRACY L M.D.
Address: 1308 E. HARDING STREET
City-St-Zip: ORLANDO, FL 32806 US

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: TRACY L. COLCHAMIRO, M.D.

PRES

04/30/2009

Electronic Signature of Signing Officer or Director

Date