

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000008716

FILED
Mar 24, 2009
Secretary of State

Entity Name: ROSSANA MOURA, MD, PA

Current Principal Place of Business:

3157 NORTH UNIVERSITY DRIVE
SUITE 101
PEMBROKE PINES, FL 33024

New Principal Place of Business:

3157 NORTH UNIVERSITY DRIVE
SUITE 101
PEMBROKE PINES, FL 33024

Current Mailing Address:

440 NORTH ANDREWS AVENUE
FORT LAUDERDALE, FL 33301

New Mailing Address:

3157 NORTH UNIVERSITY DRIVE
SUITE 101
PEMBROKE PINES, FL 33024

FEI Number: 26-1782202

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BENNETT, JOSH N ESQ.
440 NORTH ANDREWS AVENUE
FORT LAUDERDALE, FL 33301 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: P,D () Delete
Name: MOURA, ROSSANA MD
Address: 6921 SW 10TH STREET
City-St-Zip: PEMBROKE PINES, FL 33023

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P,D (X) Change () Addition
Name: MOURA, ROSSANA MD
Address: 3157 N UNIVERSITY DRIVE, SUITE 101
City-St-Zip: PEMBROKE PINES, FL 33024

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: ROSSANA MOURA MD

P.D.

03/24/2009

_____ Electronic Signature of Signing Officer or Director

_____ Date