

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000013870

FILED
Jul 01, 2009
Secretary of State

Entity Name: GUILLERMO NARVARTE INC.

Current Principal Place of Business:

680 2ND AVE N
NAPLES, FL 34102

New Principal Place of Business:

9500 BONITA BEACH ROAD
SUITE 111
BONITA SPRINGS, FL 34135

Current Mailing Address:

680 2ND AVE N
NAPLES, FL 34102

New Mailing Address:

9500 BONITA BEACH ROAD
SUITE 111
BONITA SPRINGS, FL 34135

FEI Number: 26-3865350

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

NARVARTE, GUILLERMO MD
9091 SAHALEE CT
NAPLES, FL 34113 US

Name and Address of New Registered Agent:

NARVARTE, GUILLERMO MD
3041 SANDPIPER BAY CIRCLE
H201
NAPLES, FL 34112 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: GUILLERMO NARVARTE MD

07/01/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: S () Delete
Name: MEISTER, CHRISTINE
Address: PO BOX 10746
City-St-Zip: NAPLES, FL 34101

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: NARVARTE, GUILLERMO MD
Address: 9500 BONITA BEACH ROAD, SUITE 111
City-St-Zip: BONITA SPRINGS, FL 34135

Title: S () Change (X) Addition
Name: OCAMPO, ELENA
Address: 9500 BONITA BEACH ROAD, SUITE 111
City-St-Zip: BONITA SPRINGS, FL 34135

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: GUILLERMO NARVARTE MD

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07/01/2009

Electronic Signature of Signing Officer or Director

Date