

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000014088

FILED
Apr 15, 2009
Secretary of State

Entity Name: COSTA M.D., P.A.

Current Principal Place of Business:

4770 BISCAYNE BLVD STE 1140
MIAMI, FL 33137

New Principal Place of Business:

Current Mailing Address:

PO BOX 3640
MIAMI BEACH, FL 33140

New Mailing Address:

PO BOX 830
BOYNTON BEACH, FL 33425

FEI Number: 51-0668459

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DARLENE COSTA MD
4770 BISCAYNE BLVD STE 1140
MIAMI, FL 33137 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 () Delete
Name: COSTA, DARLENE MD
Address: PO BOX 3640
City-St-Zip: MIAMI BEACH, FL 33140

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: COSTA, DARLENE MD
Address: PO BOX 830
City-St-Zip: BOYNTON BEACH, FL 33425

Title: CFO () Change (X) Addition
Name: BARBA, ALBERT
Address: PO BOX 830
City-St-Zip: BOYNTON BEACH, FL 33425

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: ALBERT BARBA

CFO

04/15/2009

Electronic Signature of Signing Officer or Director

_____ Date