

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000038003

FILED
Jun 16, 2009
Secretary of State

Entity Name: JEMELLE JUNE B MAYUGBA MD PA

Current Principal Place of Business:

2900 N MILITARY TRAIL
SUITE 245
BOCA RATON, FL 33431

New Principal Place of Business:

9453 AEGEAN DRIVE
BOCA RATON, FL 33496

Current Mailing Address:

2900 N MILITRAY TRAIL
SUITE 245
BOCA RATON, FL 33431

New Mailing Address:

9453 AEGEAN DRIVE
BOCA RATON, FL 33496

FEI Number: 26-2400044

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MAYUGBA, JEMELLE JUNE B MD
2900 N MILITARY TRAIL
SUITE 245
BOCA RATON, FL 33431 US

Name and Address of New Registered Agent:

MAYUGBA, JEMELLE JUNE B MD
9453 AEGEAN DRIVE
BOCA RATON, FL 33496 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: _____

Electronic Signature of Registered Agent

06/16/2009

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: P () Delete
Name: MAYUGBA, JEMELLE JUNE B MD
Address: 2900 N MILITARY TRAIL SUITE 245
City-St-Zip: BOCA RATON, FL 33431

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MAYUGBA, JEMELLE JUNE B MD
Address: 9453 AEGEAN DRIVE
City-St-Zip: BOCA RATON, FL 33496

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: JEMELLE JUNE B. MAYUGBA MD

P

06/16/2009

Electronic Signature of Signing Officer or Director

Date