

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000040992

FILED  
Apr 22, 2010  
Secretary of State

Entity Name: ALFREDO TORRALBAS M.D., P.A.

## Current Principal Place of Business:

2301 W. 60TH ST.  
107  
HIALEAH, FL 33016

## New Principal Place of Business:

6350 SW 23 ST  
MIAMI, FL 33155

## Current Mailing Address:

2301 W. 60TH ST.  
107  
HIALEAH, FL 33016

## New Mailing Address:

6350 SW 23 ST  
MIAMI, FL 33155

FEI Number: 26-2471330

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

TORRALBAS, ALFREDO  
2301 W 60TH STREET  
107  
HIALEAH, FL 33016 US

## Name and Address of New Registered Agent:

TORRALBAS, ALFREDO A ALFREDO  
6350 SW 23 ST  
MIAMI, FL 33155 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: ALFREDO TORRALBAS

04/22/2010

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: MD  
Name: TORRALBAS, ALFREDO A ALFREDO  
Address: 6350 SW 23 ST  
City-St-Zip: MIAMI, FL 330155

Title: MD  
Name: TORRALBAS, ALFREDO A ALFREDO  
Address: 6350 SW 23 ST  
City-St-Zip: MIAMI, FL 33155

Title: MD  
Name: TORRALBAS, ALFREDO A ALFREDO  
Address: 6350 SW 23 ST  
City-St-Zip: MIAMI, FL 33155

Title: MD  
Name: TORRALBAS, ALFREDO A ALFREDO  
Address: 6350 SW 23 ST  
City-St-Zip: MIAMI, FL 33155

Title: MD  
Name: TORRALBAS, ALFREDO A ALFREDO  
Address: 6350 SW 23 ST  
City-St-Zip: MIAMI, FL 33155

Title: MD  
Name: TORRALBAS, ALFREDO A ALFREDO  
Address: 6350 SW 23 ST  
City-St-Zip: MIAMI, FL 33155

I hereby 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 all other like empowered.

SIGNATURE: ALFREDO TORRALBAS

MD

04/22/2010

Electronic Signature of Signing Officer or Director

Date