

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000044085

Entity Name: NELSON DIAZ D.M.D., P.A.

FILED  
Apr 15, 2009  
Secretary of State

## Current Principal Place of Business:

4151 HUNTERS PARK LANE  
ORLANDO, FL 32837 US

## New Principal Place of Business:

4151 HUNTERS PARK LANE  
SUITE 148  
ORLANDO, FL 32837 US

## Current Mailing Address:

1221 STONECUTTER DRIVE  
7-212  
CELEBRATION, FL 34747 US

## New Mailing Address:

FEI Number: 26-2699019      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SHOCHET, RANDALL M  
6308 GRAND CYPRESS CIRCLE  
LAKE WORTH, FL 33463 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: DIAZ, NELSON  
Address: 1221 STONECUTTER DRIVE, #7-212  
City-St-Zip: CELEBRATION, FL 34747 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P, D (X) Change ( ) Addition  
Name: DIAZ, NELSON J DMD  
Address: 1221 STONECUTTER DRIVE, #7-212  
City-St-Zip: CELEBRATION, FL 34747 US

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: NELSON J. DIAZ

P. D

04/15/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date