

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000069376

Entity Name: JOB DORCIL, M.D., P.A.

FILED
Apr 24, 2009
Secretary of State

Current Principal Place of Business:

6366 LONGBOAT LANE
G-106
BOCA RATON, FL 33433 US

New Principal Place of Business:

10905 LA SALINAS CIRCLE
BOCA RATON, FL 33428 US

Current Mailing Address:

6366 LONGBOAT LANE
G-106
BOCA RATON, FL 33433 US

New Mailing Address:

10905 LA SALINAS CIRCLE
BOCA RATON, FL 33428 US

FEI Number: 26-3027852

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DORCIL, JOB M.D.
6366 LONGBOAT LANE
G-106
BOCA RATON, FL 33433 US

Name and Address of New Registered Agent:

DORCIL, JOB M.D.
10905 LA SALINAS CIRCLE
BOCA RATON, FL 33428 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: JOB DORCIL

04/24/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPST () Delete
Name: DORCIL, JOB M.D.
Address: 6366 LONGBOAT LANE, G-106
City-St-Zip: BOCA RATON, FL 33433 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPST (X) Change () Addition
Name: DORCIL, JOB M.D.
Address: 10905 LA SALINAS CIRCLE
City-St-Zip: BOCA RATON, FL 33428 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: JOB DORCIL

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04/24/2009

Electronic Signature of Signing Officer or Director

Date