2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Apr 28, 2009
Secretary of State

DOCUMENT# P08000104489

Entity Name: L.A. VINAS, M.D., P.A.

Current Principal Place of Business:

50 HARBOUR DR.SOUTH
OCEAN RIDGE, FL 33435 US

New Principal Place of Business:

550 SOUTH QUADRILLE BLVD.
SUITE 100
WEST PALM BEACH, FL 33401 US

Current Mailing Address:

50 HARBOUR DR.SOUTH
OCEAN RIDGE, FL 33435 US

New Mailing Address:

550 SOUTH QUADRILLE BLVD.
SUITE 100
WEST PALM BEACH, FL 33401 US

FEI Number: 26-3786460 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BDB AGENT CO.
5355 TOWN CENTER ROAD
SUITE 900
BOCA RATON, FL 33486 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

OFFICERS AND DIRECTORS:

Title: PSTD ( ) Delete
Name: VINAS, LUIS
Address: 50 HARBOUR DR.SOUTH
City-St-Zip: OCEAN RIDGE, FL 33435 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition
Name: VINAS, LUIS A MD
Address: 50 HARBOUR DRIVE SO.
City-St-Zip: OCEAN RIDGE, FL 33435 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: LUIS A. VINAS MD PRES 04/28/2009

Electronic Signature of Signing Officer or Director Date