## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P08000107161

Entity Name: HECTOR VILA, MD. P.A.

FILED Jun 29, 2009 Secretary of State

	, 51, 712, 7115, 712, 71			
Current Principal Place of Business:		New Principal Place of Business:		
4304 W. AZELLE ST. TAMPA, FL 33609		4304 W. AZEELE ST TAMPA, FL 33609	4304 W. AZEELE ST. TAMPA, FL 33609	
Current Mailing Address:		New Mailing Addre	New Mailing Address:	
4304 W. AZELLE ST TAMPA, FL 33609		4304 W. AZEELE ST TAMPA, FL 33609	· ·	
FEI Number: 26-372102	FEI Number Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address	of Current Registered Agent:	Name and Address	me and Address of New Registered Agent:	
NATHAN L. TOWNS 9385 N. 56TH STREI TAMPA, FL 33617	ET,STE. 202			
The above named en in the State of Florida		purpose of changing its register	ed office or registered agent, or both,	
SIGNATURE:				
Electronic Signature of Registered Agent		ent	Date	
	7.193(2)(b), F.S., the corporation did n	ot receive the prior notice.		
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	( ) Delete	Title: DR. Name: VILA, HEC Address: 4304 AZE City-St-Zip: TAMPA, FI	ELE ST	

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: HECTOR VILA, JR DR 06/29/2009