

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000015988

FILED
Jan 28, 2010
Secretary of State

Entity Name: JUAN C. DOMINGO, M.D., P.A.

Current Principal Place of Business:

4013 PALM TREE BOULEVARD #301
CAPE CORAL, FL 33904

New Principal Place of Business:

900 S.W. PINE ISLAND RD.
208
CAPE CORAL, FL 33991

Current Mailing Address:

4013 PALM TREE BOULEVARD #301
CAPE CORAL, FL 33904

New Mailing Address:

900 S.W. PINE ISLAND RD.
208
CAPE CORAL, FL 33991

FEI Number: 26-4302764

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

DOMINGO, JUAN C M.D.
4013 PALM TREE BOULEVARD #301
CAPE CORAL, FL 33904 US

Name and Address of New Registered Agent:

DOMINGO, JUAN C M.D.
900 S.W. PINE ISLAND RD
208
CAPE CORAL, FL 33991 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: _____

Electronic Signature of Registered Agent

01/28/2010

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSTD
Name: DOMINGO, JUAN C MD
Address: 900 SW PINE ISLAND RD SUITE 208
City-St-Zip: CAPE CORAL, FL 33991

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: JUAN C. DOMINGO M.D.

Electronic Signature of Signing Officer or Director

PSTD

01/28/2010

Date