

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000056135

Entity Name: ROBERT MORIN MD P.A.

**FILED**  
**Apr 21, 2010**  
**Secretary of State**

## **Current Principal Place of Business:**

650 W AVENUE #1201  
MIAMI BEACH, FL 33139

## **New Principal Place of Business:**

650 WEST AVENUE  
1201  
MIAMI BEACH, FL 33139

## **Current Mailing Address:**

650 W AVENUE #1201  
MIAMI BEACH, FL 33139

## **New Mailing Address:**

650 WEST AVENUE  
1201  
MIAMI BEACH, FL 33139

FEI Number: 27-0494224

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## **Name and Address of Current Registered Agent:**

MORIN, ROBERT  
650 W AVENUE #1201  
MIAMI BEACH, FL 33139 US

## **Name and Address of New Registered Agent:**

MORIN, ROBERT  
650 WEST AVENUE  
1201  
MIAMI BEACH, FL 33139 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: ROBERT MORIN

04/21/2010

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

Title: CEO  
Name: MORIN, ROBERT  
Address: 650 WEST AVENUE #1201  
City-St-Zip: MIAMI BEACH, FL 33139

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: ROBERT MORIN

CEO

04/21/2010

Electronic Signature of Signing Officer or Director

Date