

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000090432

FILED  
Apr 30, 2010  
Secretary of State

Entity Name: DIANA SOFIA GLACCUM-GAVAGNI MD, P.A.

## Current Principal Place of Business:

3240SOUTH DIXIE HWY  
2  
COCONUT GROVE, FL 33133

## New Principal Place of Business:

## Current Mailing Address:

419 NE 19 STREET  
402  
MIAMI, FL 33132 US

## New Mailing Address:

FEI Number: 27-1396619      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GAVAGNI, JOSEPH A  
419 NE 19 STREET  
402  
MIAMI, FL 33132 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P  
Name: GAVAGNI-GLACCUM, DIANA S MD  
Address: 419 NE 19 STREET STE 402  
City-St-Zip: MIAMI, FL 33132 US

Title: VP  
Name: GAVAGNI, JOSEPH A  
Address: 419 NE 19 STREET STE 402  
City-St-Zip: MIAMI, FL 33132 US

Title: SEC  
Name: GAVAGNI-GLACCUM, DIANA S MD  
Address: 419 NE 19 STREET STE 402  
City-St-Zip: MIAMI, FL 33132 US

Title: TRES  
Name: GAVAGNI-GLACCUM, DIANA S MD  
Address: 419 NE 19 STREET STE 402  
City-St-Zip: MIAMI, FL 33132 US

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: JOSEPH GAVAGNI

VP

04/30/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date