

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000037289

FILED
Jan 16, 2009
Secretary of State

Entity Name: SYLVESTER BRAITHWAITE, M.D., P.A.

Current Principal Place of Business:

16876 N.E. 19TH AVE
NORTH MIAMI BEACH, FL 33162

New Principal Place of Business:

Current Mailing Address:

16876 N.E. 19TH AVE
NORTH MIAMI BEACH, FL 33162

New Mailing Address:

FEI Number: 65-0412969

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BARRY DANZINGER, CPA
1600 S. FEDERAL HWAY
SUITE 915
POMPAÑO BEACH, FL 33062 US

Name and Address of New Registered Agent:

BRAITHWAITE, SYLVESTER DR.
16876 N.E. 19TH AVE.
NORTH MIAMI BEACH, FL 33162 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: SYLVESTER BRAITHWAITE

01/16/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BRAITHWAITE, SYLVEST, ER M.D.
Address: 3101 S. OCEAN DRIVE SUITE 2201
City-St-Zip: HOLLYWOOD, FL 33019

Title: DIR () Delete
Name: BRAITHWAITE, JUSTIN
Address: 16876 N.E. 19TH AVENUE
City-St-Zip: NORTH MIAMI BEACH, FL 33162

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DIR (X) Change () Addition
Name: BRAITHWAITE, BRIAN
Address: 16876 N.E. 19TH AVENUE
City-St-Zip: NORTH MIAMI BEACH, FL 33162

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: SYLVESTER BRAITHWAITE

DR

01/16/2009

Electronic Signature of Signing Officer or Director

Date