

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000083778

FILED
Aug 25, 2009
Secretary of State

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

Current Principal Place of Business:

2409 N.W. 17 AVE
MIAMI, FL 33142 US

New Principal Place of Business:

3631 WEST FLAGLER ST.
MIAMI, FL 33135 US

Current Mailing Address:

2 S UNIVERSITY DR
STE 215
PLANTATION, FL 33324 US

New Mailing Address:

FEI Number: 65-0451924 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LYNN, BRIAN
2 SOUTH UNIVERSITY DR
STE 215
PLANTATION, FL 33324 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: AGUILAR, JUAN C MD
Address: 8265 SW 2ND ST
City-St-Zip: MIAMI, FL 33144

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: JUAN C. AGUILAR MD

D

08/25/2009

Electronic Signature of Signing Officer or Director

_____ Date