

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000003422

FILED
Apr 15, 2009
Secretary of State

Entity Name: AGUSTINES & AGUSTINES, M.D.'S., P.A.

Current Principal Place of Business:

505 W. OAK ST
SUITE 202
KISSIMMEE, FL 34741 US

New Principal Place of Business:

Current Mailing Address:

505 W OAK ST
SUITE 202
KISSIMMEE, FL 34741 US

New Mailing Address:

1394 NEPTUNE RD.
KISSIMMEE, FL 34744 US

FEI Number: 59-3214568

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AGUSTINES, MANUEL R
1394 NEPTUNE RD
KISSIMMEE, FL 34744 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: D () Delete
Name: AGUSTINES, MANUEL R
Address: 1394 NEPTUNE RD
City-St-Zip: KISSIMMEE, FL 34744

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: AGUSTINES, MANUEL R
Address: 1394 NEPTUNE RD
City-St-Zip: KISSIMMEE, FL 34744 US

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: MANUEL R AGUSTINES

MD

04/15/2009

_____ Electronic Signature of Signing Officer or Director

_____ Date