2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000058730

Entity Name: HERNAN D. GIRALDO, M.D., P.A.

Current Principal Place of Business:	**New Principal Place of Business:**
6101 WEBB ROAD STE 208 TAMPA, FL 33615	

Current Mailing Address:	**New Mailing Address:**
6101 WEBB ROAD STE 208 TAMPA, FL 33615	5802 MARINER ST TAMPA, FL 33609

FEI Number: 59-3258984   FEI Number Applied For ( )   FEI Number Not Applicable ( )   Certificate of Status Desired ( )

Name and Address of Current Registered Agent:	**Name and Address of New Registered Agent:**
GIRALDO, HERNAN D MD 6101 WEBB ROAD STE 208 TAMPA, FL 33615 US	GIRALDO, HERNAN D MD 5802 MARINER ST TAMPA, FL 33609 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: HERNAN D GIRALDO MD   06/26/2009
_____
                    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:	**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**
Title: PSTD ( ) Delete Name: GIRALDO, HERNAN D MD Address: 6101 WEBB RD STE 208 City-St-Zip: TAMPA, FL 33615	Title: PSTD (X) Change ( ) Addition Name: GIRALDO, HERNAN D MD Address: 5802 MARINER ST City-St-Zip: TAMPA, FL 33609

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: HERNAN D GIRALDO MD   P   06/26/2009
_____
                    Electronic Signature of Signing Officer or Director   Date