

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000071283

FILED  
Mar 07, 2008  
Secretary of State

Entity Name: DEMORIZI AND POLANCO, M.D.'S, P.A.

## Current Principal Place of Business:

8500 SW 92ND STREET  
SUITE B101  
MIAMI, FL 33156

## New Principal Place of Business:

## Current Mailing Address:

8500 SW 92ND STREET  
SUITE B101  
MIAMI, FL 33156

## New Mailing Address:

FEI Number: 65-0529610      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

SMITH ORTIZ GOMEZ &BUZZI  
132 MINORCA AVE  
MIAMI, FL 33134      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: DEMORIZI, NESTOR M  
Address: 8500 S.W. 92ND STREET STE B101  
City-St-Zip: MIAMI, FL 33156

Title: D ( ) Delete  
Name: POLANCO, GERARDO A .  
Address: 8500 S.W. 92ND STREET STE B101  
City-St-Zip: MIAMI, FL 33156

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: NESTOR M. DEMORIZI

MD

03/07/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date