

2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P95000019889

FILED
Mar 07, 2008
Secretary of State**Entity Name:** MIGUEL A. AMOR M.D., P.A.**Current Principal Place of Business:**434 SW 12TH AVE STE 306
MIAMI, FL 33130 US**New Principal Place of Business:****Current Mailing Address:**434 SW 12TH AVE STE 306
MIAMI, FL 33130 US**New Mailing Address:****FEI Number:** 65-0564877 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)****Name and Address of Current Registered Agent:**AMOR, MIGUEL A DR.
9999 SW 21 ST
MIAMI, FL 33165 US**Name and Address of New Registered Agent:**EUGENE, J. M. GREGORY DR.
434 SW 12TH AVE STE 306
MIAMI, FL 33130 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: JEAN-MARIE GREGORY EUGENE

03/07/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:**Title:** D () Delete
Name: AMOR, MIGUEL A
Address: 9999 SW 21ST ST
City-St-Zip: MIAMI, FL 33165**Title:** VP () Delete
Name: NAPOLES, MARIA J
Address: 434 SW 12TH AVE STE 306
City-St-Zip: MIAMI, FL 33130**Title:** S () Delete
Name: NAPOLES, MARIA J
Address: 434 SW 12TH AVE STE 306
City-St-Zip: MIAMI, FL 33130**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** P (X) Change () Addition
Name: EUGENE, J. M. GREGORY DR.
Address: 434 SW 12TH AVE STE 306
City-St-Zip: MIAMI, FL 33130**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: MARIA JULIA NAPOLES

VP

03/07/2008

Electronic Signature of Signing Officer or Director

Date