

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000062304

Entity Name: JESUS E. VILORIA, M.D., P.A.

FILED
Apr 30, 2008
Secretary of State

Current Principal Place of Business:

2678 NW 97 AV
DORAL, FL 33172

New Principal Place of Business:

Current Mailing Address:

2678 NW 97 AV
DORAL, FL 33172

New Mailing Address:

FEI Number: 65-0615877 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VILORIA, JESUS E M.D.
2678 NW 97 AV
DORAL, FL 33172 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: PD () Delete
Name: VILORIA, JESUS E
Address: 15124 SW 36 ST
City-St-Zip: DAVIE, FL 33331

Title: DV () Delete
Name: VILORIA, MERY E
Address: 15124 SW 36 ST
City-St-Zip: DAVIE, FL 33331

Title: T () Delete
Name: VILORIA, EDWARD J T
Address: 8651 NW 56 ST
City-St-Zip: MIAMI, FL 33166

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: JESUS E VILORIA

PD

04/30/2008

Electronic Signature of Signing Officer or Director

_____ Date