

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000067855

**FILED**  
**Feb 11, 2010**  
**Secretary of State**

**Entity Name:** RODOLFO DUMENIGO, M.D., P.A.

**Current Principal Place of Business:**

2300 CORAL WAY  
SUITE 200  
MIAMI, FL 33145 US

**New Principal Place of Business:**

1200 ALTON ROAD  
MIAMI BEACH, FL 33139 US

**Current Mailing Address:**

2300 CORAL WAY  
SUITE 200  
MIAMI, FL 33145 US

**New Mailing Address:**

1200 ALTON ROAD  
MIAMI BEACH, FL 33139 US

**FEI Number:** 65-0603933

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

FLORIDA ANNUAL REPORT SERVICES, INC.  
2300 CORAL WAY  
SUITE 200  
MIAMI, FL 33145 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: P  
Name: DUMENIGO, RODOLFO MD  
Address: 1200 ALTON RD  
City-St-Zip: MIAMI BEACH, FL 33139 US

I hereby 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 all other like empowered.

SIGNATURE: RODOLFO DUMENIGO

P

02/11/2010

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date