

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000069384

FILED
Jan 15, 2009
Secretary of State

Entity Name: CLINICAL GENETICS ASSOCIATES, M.D., P.A.

Current Principal Place of Business:

3100 SW 62ND AVE 1 FLOOR
MIAMI, FL 33155 US

New Principal Place of Business:

3100 SW 62ND AVE
SUITE 301
MIAMI, FL 33155 US

Current Mailing Address:

3100 SW 62ND AVE 1 FLOOR
MIAMI, FL 33155 US

New Mailing Address:

3100 SW 62ND AVE
SUITE 301
MIAMI, FL 33155 US

FEI Number: 65-0607086

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MISLEN, BAUER
3100 SW 62 AVE
1 FLOOR
MIAMI, FL 33155 US

Name and Address of New Registered Agent:

MISLEN, BAUER
3100 SW 62 AVE
SUITE 301
MIAMI, FL 33155 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:

01/15/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PST () Delete
Name: JAYAKAR, PARUL B
Address: 3100 SW 62 AVE 1 FLOOR
City-St-Zip: MIAMI, FL 33155

Title: S () Delete
Name: MISLEN, BAUER
Address: 3100 SW 62 AVE 1 FLOOR
City-St-Zip: MIAMI, FL 33155

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PST (X) Change () Addition
Name: JAYAKAR, PARUL B
Address: 3100 SW 62 AVE SUITE 301
City-St-Zip: MIAMI, FL 33155

Title: S (X) Change () Addition
Name: MISLEN, BAUER
Address: 3100 SW 62 AVE SUITE 301
City-St-Zip: MIAMI, FL 33155

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: MISLEN BAUER

SECT

01/15/2009

Electronic Signature of Signing Officer or Director

Date