

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000091930

FILED
Apr 20, 2009
Secretary of State

Entity Name: SANTIAGO MORALES, M.D., P.A.

Current Principal Place of Business:

3251 MCMULLEN BOOTH RD
100
CLEARWATER, FL 34621 US

Current Mailing Address:

3251 MCMULLEN BOOTH RD
100
CLEARWATER, FL 34621 US

New Principal Place of Business:

1840 MEASE DRIVE
408
SAFETY HARBOR, FL 34695 US

New Mailing Address:

1840 MEASE DRIVE
408
SAFETY HARBOR, FL 34695 US

FEI Number: 59-3345463 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GASSMAN, ALAN S ESQ
1245 COURT STREET, SUITE 102
CLEARWATER, FL 34616 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: MORALES, SANTIAGO MD
Address: 2634 EAST LAKE TRAIL
City-St-Zip: TARPON SPRINGS, FL 34689

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: SANTIAGO MORALES

OWNE

04/20/2009

Electronic Signature of Signing Officer or Director

_____ Date