

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000005902

FILED
Feb 12, 2009
Secretary of State

Entity Name: MAXFELONILO A. DOMINGO, M.D., P.A.

Current Principal Place of Business:

760 S.E. 5TH TERRACE
CRYSTAL RIVER, FL 34429 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 2890
CRYSTAL RIVER, FL 344232890

New Mailing Address:

FEI Number: 65-0640846

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DOMINGO, MAXFELONILO A
760 SE 5TH TER.
CRYSTAL RIVER, FL 34429 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: DOMINGO, MAXFELONILO A.
Address: 760 SE 5 TERR
City-St-Zip: CRYSTAL RIVER, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: DOMINGO, MAXFELONILO A.
Address: 760 SE 5 TERR
City-St-Zip: CRYSTAL RIVER, FL 34442

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: MAXFELONILO DOMINGO

PD

02/12/2009

Electronic Signature of Signing Officer or Director

Date