# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Feb 03, 2010**
**Secretary of State**

DOCUMENT# P96000041958

**Entity Name:** DRS. AIRALA LASER & CATARACT INSTITUTE, P.A.

**Current Principal Place of Business:**

2441 SW 37TH AVENUE
MIAMI, FL 33145

**New Principal Place of Business:**

**Current Mailing Address:**

2441 SW 37TH AVENUE
MIAMI, FL 33145

**New Mailing Address:**

**FEI Number: 65-0676982** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

MANNY FIGUEROA, CPA
308 ALHAMBRA CIR
STE 1101
CORAL GABLES, FL 33134 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: AIRALA, MANUEL A M.D.
Address: 2441 SW 37TH AVENUE
City-St-Zip: MIAMI, FL

Title: STD
Name: AIRALA, MARTA S M.D.
Address: 2441 SW 37TH AVENUE
City-St-Zip: MIAMI, FL

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: MANUEL AIRALA PRES 02/03/2010

Electronic Signature of Signing Officer or Director Date