2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2009
Secretary of State

DOCUMENT# P96000071595

Entity Name: ORLANDO GALINDEZ, M.D. PROFESSIONAL ASSOCIATION

Current Principal Place of Business:

401 SOUTHWEST 27TH AVENUE
MIAMI, FL 33135

New Principal Place of Business:

401 SOUTHWEST 27TH AVENUE
3RD FLOOR
MIAMI, FL 33135

Current Mailing Address:

401 SOUTHWEST 27TH AVENUE
MIAMI, FL 33135

New Mailing Address:

401 SOUTHWEST 27TH AVENUE
3RD FLOOR
MIAMI, FL 33135

FEI Number: 65-0688108 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FORMOSO-MURIAS, HECTOR ESQ
401 S.W. 27 AVENUE
2ND FLOOR
MIAMI, FL 33135 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 ( ) Delete
Name: ORLANDO A GALINDEZ MD
Address: 401 SW 27TH AVE
City-St-Zip: MIAMI, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: ORLANDO A GALINDEZ MD
Address: 401 SW 27TH AVE
City-St-Zip: MIAMI, FL 33135

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: ORLANDO GALINDEZ P 04/26/2009

Electronic Signature of Signing Officer or Director — Date