

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000080180

Entity Name: JOSE A. NUNEZ, MD, P.A.

FILED
Jul 13, 2009
Secretary of State

Current Principal Place of Business:

1800 SW 27 AVE
SUITE# 200
MIAMI, FL 33145 US

New Principal Place of Business:

Current Mailing Address:

1800 SW 27 AVE
SUITE# 200
MIAMI, FL 33145 US

New Mailing Address:

FEI Number: 65-0721380 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

NUNEZ, JOSE A MD
1249 VENETIA AVE
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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PVST () Delete
Name: NUNEZ, JOSE A MD, PA
Address: 1800 SW 27AVE #200
City-St-Zip: MIAMI, FL 33145

Title: D () Delete
Name: NUNEZ, JOSE A MD, PA
Address: 1800 SW 27 AVE #200
City-St-Zip: MIAMI, FL 33145

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: JOSE A. NUNEZ, M.D.

PVST

07/13/2009

Electronic Signature of Signing Officer or Director

_____ Date