

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000010209

FILED
Jan 16, 2009
Secretary of State

Entity Name: DR. JOSE I. DOMINGO, F.A.C.O.G., P.A.

Current Principal Place of Business:

2484 CARING WAY A
PORT CHARLOTTE, FL 33952

New Principal Place of Business:

Current Mailing Address:

2484 CARING WAY A
PORT CHARLOTTE, FL 33952

New Mailing Address:

FEI Number: 65-0723234

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THOMISON, JAMES E
1819 MAIN ST, SUITE 1100
SARASOTA, FL 34236 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: DOMINGO, JOSE
Address: 2484 CARING WAY STE, A
City-St-Zip: PORT CHARLOTTE, FL 33952

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DR. (X) Change () Addition
Name: DOMINGO, JOSE
Address: 2484 CARING WAY STE, A
City-St-Zip: PORT CHARLOTTE, FL 33952

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 I DOMINGO

MD

01/16/2009

Electronic Signature of Signing Officer or Director

Date