

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000069788

FILED  
Apr 12, 2010  
Secretary of State

Entity Name: RAFAEL ANTUN, M.D., P.A.

**Current Principal Place of Business:**

1321 N.W. 14TH STREET  
SUITE 303  
MIAMI, FL 33125

**New Principal Place of Business:**

**Current Mailing Address:**

1321 N.W. 14TH STREET  
SUITE 303  
MIAMI, FL 33125

**New Mailing Address:**

FEI Number: 65-0773432      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

ANTUN, RAFAEL M.D.  
1321 N.W. 14TH STREET  
SUITE 303  
MIAMI, FL 33125 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  
Name: ANTUN, RAFAEL M.D.  
Address: 9355 S.W. 93RD PLACE  
City-St-Zip: MIAMI, FL 33176

Title: ST  
Name: ANTUN, MAYDA C MD  
Address: 9355 SW 93RD PL  
City-St-Zip: MIAMI, FL 33176

Title: V  
Name: ANTUN, JACQUELINE M  
Address: 9355 SW 93RD PL  
City-St-Zip: MIAMI, FL 33176

Title: V  
Name: LANDA, MONICA M  
Address: 5843 SW 32 ST  
City-St-Zip: MIAMI, FL 33155

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: RAFAEL ANTUN, MD

PD

04/12/2010

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date