

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000092524

FILED  
May 21, 2009  
Secretary of State

Entity Name: MARIO MAGCALAS, M.D., P.A.

## Current Principal Place of Business:

10794 PINES BLVD.  
#205  
HOLLYWOOD, FL 33026

## New Principal Place of Business:

## Current Mailing Address:

10794 PINES BLVD.  
#205  
HOLLYWOOD, FL 33026

## New Mailing Address:

FEI Number: 65-0793259

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

PANAGOS, PAUL J CPA  
2721 EXECUTIVE PARK DR  
STE 4  
WESTON, FL 33331 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: D ( ) Delete  
Name: MAGCALAS, MARIO MD  
Address: 12601 N STONEBROOK CIRCLE  
City-St-Zip: DAVIE, FL 33330

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MD (X) Change ( ) Addition  
Name: MAGCALAS, MARIO MD  
Address: 12601 N STONEBROOK CIRCLE  
City-St-Zip: DAVIE, FL 33330

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: MARIO MAGCALAS M.D.

MD

05/21/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date