# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 27, 2009**
**Secretary of State**

DOCUMENT# P97000093083

**Entity Name:** HF MEDICAL ASSOCIATES, P.A.

**Current Principal Place of Business:**

2627 N.E. 203RD STREET, SUITE 101
AVENTURA, FL 33180

**New Principal Place of Business:**

**Current Mailing Address:**

2627 N.E. 203RD STREET, SUITE 101
AVENTURA, FL 33180

**New Mailing Address:**

**FEI Number: 65-0789834** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

ODIJAS, CAMINHA
6307B LA COSTA DRIVE
BOCA RATON, FL 33433 US

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

ODIJAS, CAMINHA
4420 PORTOFINO WAY
SUITE 110
WEST PALM BEACH, FL 33409 US

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: ODIJAS CAMINHA 04/27/2009
Electronic Signature of Registered Agent Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PS ( ) Delete
Name: FAILLACE, HENRIETE D MD
Address: 1000 BELLE MEADE ISLAND DRIVE
City-St-Zip: MIAMI, FL 33138

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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: HENRIETE FAILLACE P 04/27/2009
Electronic Signature of Signing Officer or Director Date