

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P97000093083

**FILED**  
**May 01, 2010**  
**Secretary of State**

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

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

ODIJAS, CAMINHA  
4701 N FEDERAL HWY  
SUITE 315  
POMPANO BEACH, FL 33064 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

05/01/2010

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:** P  
**Name:** FAILLACE, HENRIETE D MD  
**Address:** 2627 NE 203RD STREET  
**City-St-Zip:** AVENTURA, FL 33180

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:** HENRIETE FAILLACE

P

05/01/2010

Electronic Signature of Signing Officer or Director

Date