## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P97000094390

RIVERA, ROCIO

BRANDON, FL 33511

320 OAKFIELD DR., STE., C

Name:

Address: City-St-Zip:

Entity Name: ANTONIO V. RIVERA, M.D., P.A.

**FILED** Apr 30, 2008 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 320 OAKFIELD DR SUITE C BRANDON, FL 33511 **New Mailing Address: Current Mailing Address:** 320 OAKFIELD DR SUITE C BRANDON, FL 33511 FEI Number: 59-3480328 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: RIVERA, ANTONIO V RIVERA, ANTONIO V 320 OAKFIELD DR., STE C 320 OAKFIELD DR., BRANDON, FL 33511 STEC BRANDON, FL 33511 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: 04/30/2008 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: () Change () Addition RIVERA, ANTONIO V Name: Name: 320 OAKFIELD DR., STE C Address: Address: City-St-Zip: BRANDON, FL 33511 City-St-Zip: ( ) Delete Title: **VPST** Title: () Change () Addition Name: RIVERA, ROCIO Name: 320 OAKFIELD DR., STE., C Address: Address: BRANDON, FL 33511 City-St-Zip: City-St-Zip: Title: Title: () Delete () Change () Addition

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.

Name:

Address:

City-St-Zip:

SIGNATURE: ANTONIO V. RIVERA, M.D. 04/30/2008 RA