

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000011463

FILED
Apr 07, 2009
Secretary of State

Entity Name: CHESTER MEDICAL OFFICES, INC.

Current Principal Place of Business:

1672 RONALD REAGAN BLVD.
LONGWOOD, FL 32750

New Principal Place of Business:

1672 N. RONALD REAGAN BLVD.
LONGWOOD, FL 32750

Current Mailing Address:

1672 RONALD REAGAN BLVD.
LONGWOOD, FL 32750

New Mailing Address:

1672 N. RONALD REAGAN BLVD.
LONGWOOD, FL 32750

FEI Number: 59-3491877

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DELGADO, DAVID C
1672 RONALD REAGAN BLVD.
LONGWOOD, FL 32750 US

Name and Address of New Registered Agent:

DELGADO, DAVID
1672 N. RONALD REAGAN BLVD.
LONGWOOD, FL 32750 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: DAVID C. DELGADO

04/07/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: DELGADO, DAVID C
Address: 1672 N. RONALD REAGAN BLVD.
City-St-Zip: LONGWOOD, FL 32750

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: DELGADO, DAVID
Address: 1672 N. RONALD REAGAN BLVD.
City-St-Zip: LONGWOOD, FL 32750

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: DAVID C. DELGADO

D

04/07/2009

Electronic Signature of Signing Officer or Director

Date