

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000029970

FILED  
Mar 24, 2009  
Secretary of State

Entity Name: SALAZAR, SANTIAGO, VILLEGAS, SABATES & CABRAL, P.A.

## Current Principal Place of Business:

6705 RED ROAD  
SUITE 504  
CORAL GABLES, FL 33143

## New Principal Place of Business:

## Current Mailing Address:

P.O. BOX 430980  
MIAMI, FL 33243

## New Mailing Address:

FEI Number: 65-0824084

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SALAZAR, JUAN MD  
6705 RED ROAD  
SUITE 504  
CORAL GABLES, FL 33143 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: SALAZAR, JUAN  
Address: 6705 RED ROAD STE 504  
City-St-Zip: CORAL GABLES, FL 33143

Title: VP ( ) Delete  
Name: SANTIAGO, CARLOS  
Address: 6705 RED ROAD STE 504  
City-St-Zip: CORAL GABLES, FL 33143

Title: S ( ) Delete  
Name: VILLEGAS, SERGIO  
Address: 6705 RED ROAD STE 504  
City-St-Zip: CORAL GABLES, FL 33143

Title: M ( ) Delete  
Name: SABATES, BRAULIO  
Address: 6705 RED ROAD STE 504  
City-St-Zip: CORAL GABLES, FL 33143

Title: M ( ) Delete  
Name: CABRAL, AMADEO H DR  
Address: 6705 RED ROAD STE 504  
City-St-Zip: CORAL GABLES, FL 33143

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: JUAN SALAZAR, M.D.

OFFI

03/24/2009

Electronic Signature of Signing Officer or Director

Date