2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2009
Secretary of State

DOCUMENT# P98000031112

Entity Name: MARIA E. MILANES, M.D., P.A.

Current Principal Place of Business:

4980 WEST 10TH AVENUE
SUITE 202
HIALEAH, FL 33012

New Principal Place of Business:

Current Mailing Address:

PO BOX 111588
HIALEAH, FL 330111588

New Mailing Address:

3411 INDIAN CREEK DR
701
MIAMI BEACH, FL 33140

FEI Number: 65-0828813 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MILANES, MARIA E MD
4980 WEST 10TH AVENUE
SUITE 202
HIALEAH, FL 33012 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: D ( ) Delete
Name: MILANES, MARIA E MD
Address: 4980 WEST 10TH AVENUE
City-St-Zip: HIALEAH, FL 33012

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: MARIA E MILANES MD D 02/02/2009

Electronic Signature of Signing Officer or Director — Date