

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P98000044007

FILED
Feb 19, 2009
Secretary of State**Entity Name:** ALBERT CANAS, M.D., P.A.**Current Principal Place of Business:**1680 MICHIGAN AVENUE
SUITE 912
MIAMI BEACH, FL 33139 US**New Principal Place of Business:****Current Mailing Address:**1680 MICHIGAN AVENUE
SUITE 912
MIAMI BEACH, FL 33139 US**New Mailing Address:****FEI Number:** 65-0839782 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()****Name and Address of Current Registered Agent:**CANAS, ALBERT
1680 MICHIGAN AVENUE
SUITE 912
MIAMI BEACH, FL 33139 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**OFFICERS AND DIRECTORS:****Title:** D () Delete
Name: CANAS, ALBERT
Address: 4373 NORTH BAY ROAD
City-St-Zip: MIAMI BEACH, FL 33140**Title:** OM (X) Delete
Name: STEIN, STEWART
Address: 4373 N. BAY ROAD
City-St-Zip: MIAMI BEACH, FL 33140**Title:** O (X) Delete
Name: MAGHIDMAN, SAMUEL
Address: 5600 COLLINS AVE #7-G
City-St-Zip: MIAMI BEACH, FL 33140 US**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:

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: ALBERT CANAS

D

02/19/2009

Electronic Signature of Signing Officer or Director_____
Date