2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 17, 2009
Secretary of State

DOCUMENT# P98000046679

Entity Name: JUAN PEDRO LOY, M.D., P.A.

Current Principal Place of Business:

5901 COLONIAL DRIVE
SUITE 202
MARGATE, FL 33063 US

New Principal Place of Business:

Current Mailing Address:

5510 SW 178 AVE
SOUTHWEST RANCHES, FL 33331 US

New Mailing Address:

FEI Number: 65-0850454 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LOY, JUAN P
5510 SW 178 AVE
SOUTHWEST RANCHES, FL 33331 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: LOY, JUAN PEDRO M.D.
Address: 5510 S.W. 178 AVENUE
City-St-Zip: SOUTHWEST RANCHES, FL 33331

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition
Name: LOY, JUAN PEDRO M.D.
Address: 5510 S.W. 178 AVENUE
City-St-Zip: SOUTHWEST RANCHES, FL 33331

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 PERDRO LOY, M.D. PRES 02/17/2009

Electronic Signature of Signing Officer or Director Date