

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000100836

FILED
Mar 20, 2009
Secretary of State

Entity Name: EDUARDO GARCIA-MONTES, M.D., P.A.

Current Principal Place of Business:

3661 SOUTH MIAMI AVENUE STE. 405
MIAMI, FL 33133

New Principal Place of Business:

3661 SOUTH MIAMI AVENUE
SUITE 405
MIAMI, FL 33133

Current Mailing Address:

3661 SOUTH MIAMI AVENUE STE. 405
MIAMI, FL 33133

New Mailing Address:

132 MINORCA AVENUE
JOSE SMITH
CORAL GABLES, FL 33134

FEI Number: 65-0872601

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SANCHEZ DE VARONA, RAUL J
3661 SOUTH MIAMI AVENUE STE. 405
MIAMI, FL 33133 US

Name and Address of New Registered Agent:

CORPORATE COMPANY OF MIAMI
250 AUSTRALIAN AVENUE
SUITE 500 (JAF)
WEST PALM BEACH, FL 33401 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: JAMES FARRELL, ESQ

03/20/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DR () Delete
Name: GARCIA-MONTES, EDUARDO
Address: 3661 SOUTH MIAMI AVENUE STE. 405
City-St-Zip: MIAMI, FL 33133

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: GOMEZ, COSME MD
Address: 132 MINORCA AVENUE
City-St-Zip: CORAL GABLES, FL 33134

Title: VP () Change (X) Addition
Name: GARCIA-MONTES, EDUARDO MD
Address: 132 MINORCA AVENUE
City-St-Zip: CORAL GABLES, FL 33134

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: COSME GOMEZ, MD

PRES

03/20/2009

Electronic Signature of Signing Officer or Director

Date