

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000106967

FILED
Jun 24, 2009
Secretary of State

Entity Name: CONCEPCION R. LURIE, M.D., P.A.

Current Principal Place of Business:

945 MARINER DR.
KEY BISCAYNE, FL 33149

New Principal Place of Business:

Current Mailing Address:

945 MARINER DR.
KEY BISCAYNE, FL 33149

New Mailing Address:

FEI Number: 65-0884438

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LURIE, COCEPCION R MD
945 MARINER DR.
KEY BISCAYNE, FL 33149 US

Name and Address of New Registered Agent:

LURIE, CONCEPCION R MD
945 MARINER DR.
KEY BISCAYNE, FL 33149 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: CONCEPCION R LURIE

06/24/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: LURIE, CONCEPCION R
Address: 945 MARINER DR.
City-St-Zip: KEY BISCAYNE, FL 33149

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: LURIE, CONCEPCION R
Address: 945 MARINER DR.
City-St-Zip: KEY BISCAYNE, FL 33149

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: CONCEPCION R LURIE

PRES

06/24/2009

Electronic Signature of Signing Officer or Director

Date