

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000002722

FILED
Apr 27, 2009
Secretary of State

Entity Name: BARBARA MONTFORD, M.D. P.A.

Current Principal Place of Business:

1190 NW 95TH STREET
STE 106
MIAMI, FL 33150

New Principal Place of Business:

Current Mailing Address:

PO BOX 530588
MIAMI, FL 33153

New Mailing Address:

FEI Number: 65-0885726

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MONTFORD, BARBARA M.D.
18020 SW 78TH PLACE
MIAMI, FL 33157 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: P () Delete
Name: MONTFORD, BARBARA
Address: 18020 SW 78 PL
City-St-Zip: MIAMI, FL 33157

Title: VP () Delete
Name: MONTFORD, JOHN
Address: 2241 NW 188TH TERRACE
City-St-Zip: OPA LOCKA, FL 33056

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: DR. BARBARA MONTFORD

MD

04/27/2009

Electronic Signature of Signing Officer or Director

Date