## 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000025769

Entity Name: NELSON LOPEZ, M.D., P.A.

FILED May 01, 2010 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

2609 WOOLBRIGHT RD. 2609 WOOLBRIGHT RD.

SUITE 5 SUITE 5

BOYNTON BEACH, FL 334366634 BOYNTON BEACH, FL 334366634 US

Current Mailing Address: New Mailing Address:

2609 WOOLBRIGHT RD. 2609 WOOLBRIGHT RD.

SUITE 5 SUITE 5

BOYNTON BEACH, FL 334366634 BOYNTON BEACH, FL 334366634 US

FEI Number: 65-0902717 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

LOPEZ, NELSON

2609 WOOLBRIGHT RD.,STE.5

BOYNTON BEACH, FL 33435 US

LOPEZ, NELSON PTD

2609 WOOLBRIGHT RD.,STE.5

BOYNTON BEACH, FL 33435 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: NELSON LOPEZ, M.D. 05/01/2010

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: PTD

 Name:
 LOPEZ, NELSON M D.

 Address:
 2609 WOOLBRIGHT RD.,STE.5

 City-St-Zip:
 BOYNTON BEACH, FL 334366634

Title: VP

Name: IBANEZ-LOPEZ, CARMEN M Address: 4855 HUNTER'S WAY City-St-Zip: BOCA RATON, FL 33434 US

I hereby 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 all other like empowered.

SIGNATURE: NELSON LOPEZ, M.D. PD 05/01/2010