2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000029731

Entity Name: JEFFREY A. MAHON, M.D., P.A.

FILED Jun 23, 2009 Secretary of State

	Current Principal Place of Business:	New Principal Place of Business
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7280 W PALMETTO PK RD
STE 104
BOCA RATON, FL 33433
2900 N MILITARY TRAIL
STE 150
BOCA RATON, FL 33431
BOCA RATON, FL 33431

Current Mailing Address: New Mailing Address:

7280 W PALMETTO PK RD
STE 104
BOCA RATON, FL 33433
1238 HILLSBORO MILE
STE 103
HILLSBORO BEACH, FL 33062

FEI Number: 65-0911656 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

SICILIANO, THOMAS V 980 N. FEDERAL HWY., STE. 440 BOCA RATON, FL 33432 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: Electronic Signature of Registered Agent

ent 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:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D () Delete Title: D (X) Change () Addition

Name: MAHON, JEFFREY A Name: MAHON, JEFFREY A

 Address:
 7280 W PALMETTO PK RD #104
 Address:
 2900 N MILITARY TRAIL, STE 150

 City-St-Zip:
 BOCA RATON, FL 33433
 City-St-Zip:
 BOCA RATON, FL 33431

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: JEFFREY A MAHON, MD P.A. PRES 06/23/2009