## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000041056

Entity Name: WILJON W. BELTRE, M.D., P.A.

FILED Apr 02, 2009 Secretary of State

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

631 PALM SPRINGS DR 521 STATE RT 434 SUITE 104 SUITE 301

ALTAMONTE SPRINGS, FL 32701 LONG WOOD, FL 32750

Current Mailing Address: New Mailing Address:

631 PALM SPRINGS DR 521 STATE RT 434

SUITE 104 SUITE 301

ALTAMONTE SPRINGS, FL 32701 LONG WOOD, FL 32750

FEI Number: 59-3574176 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:

BELTRE, WILJON W MD PA 3416 HOLLIDAY AVE APOPKA, FL 32703 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 Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

 Name:
 BELTRE, WILJON W MD
 Name:
 BELTRE, WILJON W MD

 Address:
 631 PALM SPRINGS DR, SUITE 104
 Address:
 521 STATE RT 434

 City-St-Zip:
 ALTAMONTE SPRINGS, FL 32701
 City-St-Zip:
 LONG WOOD, FL 32750

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: WILJON W. BELTRE PRES 04/02/2009