

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000042436

FILED
Feb 23, 2009
Secretary of State

Entity Name: FLORIDA MEDICAL REPRESENTATIVES, INC.

Current Principal Place of Business:

2924 N.W. 109 AVE. #103
MIAMI, FL 33172

New Principal Place of Business:

9260 SW 72ND STREET,
SUITE # 207
MIAMI, FL 33173

Current Mailing Address:

2924 N.W. 109 AVE. #103
MIAMI, FL 33172

New Mailing Address:

9260 SW 72ND STREET,
SUITE # 207
MIAMI, FL 33173

FEI Number: 65-0920463

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FERNANDEZ, JOSE A P
2924 N.W. 109 AVE. #103
MIAMI, FL 33172 US

Name and Address of New Registered Agent:

FERNANDEZ, JOSE A P
9260 SW 72ND STREET,
SUITE # 207
MIAMI, FL 33173 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: JOSE A FERNANDEZ

02/23/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: FERNANDEZ, JOSE A VP
Address: 2924 N.W. 109 AVE. #103
City-St-Zip: MIAMI, FL 33172

Title: P () Delete
Name: PERRINI, RALPH A P
Address: 2924 N.W. 109 AVE. #103
City-St-Zip: MIAMI, FL 33172

Title: ST () Delete
Name: PERRINI, ELIO A ST
Address: 2924 N.W. 109 AVE. #103
City-St-Zip: MIAMI, FL 33172

Title: VP (X) Delete
Name: GRAVE DE PERALTA, DIEGO VP
Address: 2924 NW 109 AVE. #103
City-St-Zip: MIAMI, FL 33172

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change () Addition
Name: FERNANDEZ, JOSE A VP
Address: 9260 SW 72ND STREET, SUITE #207
City-St-Zip: MIAMI, FL 33173

Title: P (X) Change () Addition
Name: PERRINI, RALPH A P
Address: 9260 SW 72ND STREET, SUITE #207
City-St-Zip: MIAMI, FL 33173

Title: VP (X) Change () Addition
Name: GRAVE DE PERALTA, DIEGO VP
Address: 9260 SW 72ND STREET, SUITE #207
City-St-Zip: MIAMI, FL 33173

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: JOSE A FERNANDEZ

VP

02/23/2009

Electronic Signature of Signing Officer or Director

Date