

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000042798

Entity Name: PEDRO AROCHO, M.D., P.A.

FILED
Apr 27, 2009
Secretary of State

Current Principal Place of Business:

11181 HEALTH PARK BLVD
SUITE 2230
NAPLES, FL 34110

New Principal Place of Business:

Current Mailing Address:

11181 HEALTH PARK BLVD
SUITE 2230
NAPLES, FL 34110

New Mailing Address:

FEI Number: 59-3575087 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AROCHO, PEDRO M.D.
3910 JASMINE LAKE CIRCLE
NAPLES, FL 34110 US

Name and Address of New Registered Agent:

AROCHO, PEDRO M.D.
3089 TERRAMAR DRIVE
NAPLES, FL 34119 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: _____ 04/27/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSTD () Delete
Name: AROCHO, PEDRO
Address: 3910 JASMINE LAKE CIRCLE
City-St-Zip: NAPLES, FL 34110

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change () Addition
Name: AROCHO, PEDRO
Address: 3089 TERRAMAR DRIVE
City-St-Zip: NAPLES, FL 34119

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: PEDRO AROCHO MD MD 04/27/2009
Electronic Signature of Signing Officer or Director Date