

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000079761

FILED  
Jan 21, 2009  
Secretary of State

Entity Name: HECTOR LABRADA, M.D., P.A.

## Current Principal Place of Business:

5810 SW 16 STREET  
MIAMI, FL 33155 US

## New Principal Place of Business:

618 EUCLID AVE APT 301  
MIAMI BEACH, FL 33139 US

## Current Mailing Address:

5810 SW 16 STREET  
MIAMI, FL 33155 US

## New Mailing Address:

618 EUCLID AVE APT 301  
MIAMI BEACH, FL 33139 US

FEI Number: 65-0954032

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LABRADA, LUPE H  
5810 SW 16TH ST.  
MIAMI, FL 33155 US

## Name and Address of New Registered Agent:

LABRADA, HECTOR  
618 EUCLID AVE APT 301  
MIAMI BEACH, FL 33139 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: HECTOR LABRADA

01/21/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PTD ( ) Delete  
Name: LABRADA, HECTOR  
Address: 5810 SW 16TH ST.  
City-St-Zip: MIAMI, FL 33155

Title: VPSD (X) Delete  
Name: LABRADA, LUPE  
Address: 5810 SW 16TH ST.  
City-St-Zip: MIAMI, FL 33155

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTD (X) Change ( ) Addition  
Name: LABRADA, HECTOR  
Address: 618 EUCLID AVE APT 301  
City-St-Zip: MIAMI BEACH, FL 33139

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: HECTOR LABRADA

PTD

01/21/2009

Electronic Signature of Signing Officer or Director

Date