

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000102881

FILED  
May 01, 2009  
Secretary of State

Entity Name: BEATRIZ E. AMENDOLA, MD. PA

## Current Principal Place of Business:

9300 S.W. 87TH AVENUE  
SUITE 3  
MIAMI, FL 33176

## New Principal Place of Business:

## Current Mailing Address:

11450 INTERCHANGE CIR N  
HOLLYWOOD, FL 33025

## New Mailing Address:

FEI Number: 65-0960751

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

AMENDOLA, BEATRIZ E  
9300 SW 87TH AVENUE STE 3  
MIAMI, FL 33176 US

## Name and Address of New Registered Agent:

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

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:

Title: P ( ) Delete  
Name: AMENDOLA, BEATRIZ  
Address: 9300 SW 87TH AVENUE STE 3  
City-St-Zip: MIAMI, FL 33176

Title: D ( ) Delete  
Name: AMENDOLA, ANDREW  
Address: 9300 SW 87TH AVE, STE 3  
City-St-Zip: MIAMI, FL 33176

Title: D ( ) Delete  
Name: AMENDOLA, CLAUDIA  
Address: 9300 SW 87TH AVE, STE 3  
City-St-Zip: MIAMI, FL 33176

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: BEATRIZ E. AMENDOLA

MD

05/01/2009

Electronic Signature of Signing Officer or Director

Date