

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000103266

FILED
Mar 11, 2009
Secretary of State

Entity Name: MANUEL REGALADO, M.D., P.A.

Current Principal Place of Business:

239 SW 7TH TERR
STE B
GAINESVILLE, FL 32601

New Principal Place of Business:

Current Mailing Address:

4110-D NW 37TH PL
GAINESVILLE, FL 32606

New Mailing Address:

239 SW 7TH TERR
STE B
GAINESVILLE, FL 32601

FEI Number: 59-3605839

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

REGALADO, MANUEL
239 SW 7TH TERR
STE B
GAINESVILLE, FL 32601 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PVPS () Delete
Name: REGALADO, MANUEL
Address: 4110-D NW 37TH PL
City-St-Zip: GAINESVILLE, FL 32606

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PVPS (X) Change () Addition
Name: REGALADO, MANUEL
Address: 239 SW 7TH TERR
City-St-Zip: GAINESVILLE, FL 32601

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: MANUEL REGALADO, MD

PRES

03/11/2009

_____ Electronic Signature of Signing Officer or Director

_____ Date