

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S29084

FILED
Apr 09, 2009
Secretary of State

Entity Name: MAYORGA CARDIOLOGY ASSOCIATES, P.A.

Current Principal Place of Business:

8950 N. KENDALL DR, STE 405
MIAMI, FL 33176

New Principal Place of Business:

8950 N. KENDALL DR,
SUITE# 405
MIAMI, FL 33176

Current Mailing Address:

8950 N. KENDALL DR.
405
MIAMI, FL 33176

New Mailing Address:

8950 N. KENDALL DR,
SUITE# 405
MIAMI, FL 33176

FEI Number: 65-0239688

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MAYORGA, ALVARO
8950 N. KENDALL DR.
405
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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MAYORGA, ALVARO
Address: 8950 N. KENDALL DR.#405
City-St-Zip: MIAMI, FL 33176

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: ALVARO MAYORGA

P

04/09/2009

_____ Electronic Signature of Signing Officer or Director

_____ Date