

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S38369

FILED  
Jun 16, 2009  
Secretary of State

Entity Name: ANGELO P. THROWER, M.D. P.A.

**Current Principal Place of Business:**

180 NE 99TH ST  
MIAMI SHORES, FL 33138 US

**New Principal Place of Business:**

**Current Mailing Address:**

180 NE 99TH ST  
MIAMI SHORES, FL 33138 US

**New Mailing Address:**

FEI Number: 65-0248448      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

THROWER, ANGELO P M.D.  
180 NE 99TH ST  
MIAMI SHORES, FL 33138 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: DPST ( ) Delete  
Name: THROWER, ANGELO P  
Address: 180 NE 99TH STREET  
City-St-Zip: MIAMI SHORES, FL 33138 US

Title: VP ( ) Delete  
Name: THOMAS, DORIS  
Address: 180 NE 99TH STREET  
City-St-Zip: MIAMI SHORES, FL 33138 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DPT (X) Change ( ) Addition  
Name: THROWER, ANGELO P  
Address: 180 NE 99TH STREET  
City-St-Zip: MIAMI SHORES, FL 33138 US

Title: S (X) Change ( ) Addition  
Name: PUNANCY, ANGELA  
Address: 180 NE 99TH STREET  
City-St-Zip: MIAMI SHORES, FL 33138 US

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: ANGELO P. THROWER, MD

DPT

06/16/2009

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date