

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S75701

**FILED**  
**Apr 20, 2009**  
**Secretary of State**

**Entity Name:** J. FERNANDEZ BOMBINO M.D. P.A.

**Current Principal Place of Business:**

7100 W.20 AVE  
SUITE 602  
HIALEAH, FL 33016 US

**New Principal Place of Business:**

**Current Mailing Address:**

8990 OLDCUTLER RD  
MIAMI, FL 33156 US

**New Mailing Address:**

**FEI Number:** 65-0261099

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BOMBINO, JULIO FERNANDEZ  
8990 OLD CUTLER ROAD  
MIAMI, FL 33156 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: PTD ( ) Delete  
Name: BOMBINO, JULIO FERNANDEZ  
Address: 8990 OLD CUTLER ROAD  
City-St-Zip: MIAMI, FL 33156

**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: JULIO FERNANDEZ\_BOMBINO

PTD

04/20/2009

Electronic Signature of Signing Officer or Director

Date