

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V00605

FILED
Jan 14, 2008
Secretary of State

Entity Name: EDELSTEIN, SALINERO, LLANSO, M.D., P.A.

Current Principal Place of Business:

400 UNIVERSITY DR
3 FL
CORAL GABLES, FL 33134 US

New Principal Place of Business:

Current Mailing Address:

400 UNIVERSITY DR
3 FL
CORAL GABLES, FL 33134 US

New Mailing Address:

FEI Number: 65-0298763

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

EDELSTEIN, JAIME MD
400 UNIVERSITY DR
3 FL
CORAL GABLES, FL 33134 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: PD () Delete
Name: EDELSTEIN, JAIME MD
Address: 400 UNIVERSITY DR 3 FL
City-St-Zip: CORAL GABLES, FL 33134

Title: SD () Delete
Name: LLANSO, RAFAEL MD
Address: 400 UNIVERSITY DR, 3 FL
City-St-Zip: CORAL GABLES, FL 33134

Title: VD () Delete
Name: SALINERO, EFREN D MD
Address: 400 UNIVERSITY DR, 3 FL
City-St-Zip: CORAL GABLES, FL 33134

Title: SD () Delete
Name: TOLEDO-VALIDO, MARTHA MD
Address: 400 UNIVERSITY DR 3 FLOOR
City-St-Zip: CORAL GABLES, FL 33134

Title: SD () Delete
Name: JOAQUIN, JIMENEZ MD
Address: 400 UNIVERSITY DRIVE 3RD FLOOR
City-St-Zip: CORAL GABLES, FL 33134

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:

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: JAIME EDELSTEIN, MD

PRES

01/14/2008

Electronic Signature of Signing Officer or Director

Date