

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000073579

Entity Name: APONTE'S MEDICAL INC.

FILED  
Jan 17, 2009  
Secretary of State

## Current Principal Place of Business:

14231 SW 18TH ST.  
MIAMI, FL 33175

## New Principal Place of Business:

330 SW 27 TH ST.  
702  
MIAMI, FL 33135

## Current Mailing Address:

14231 SW 18TH ST.  
MIAMI, FL 33175

## New Mailing Address:

PO BOX 941598  
MIAMI, FL 33194

FEI Number: 20-4963890

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

APONTE, RAIZA  
14231 SW 18TH ST.  
MIAMI, FL 33175 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: APONTE, JOSE N  
Address: 14231 SW 18TH ST.  
City-St-Zip: MIAMI, FL 33175

Title: VP ( ) Delete  
Name: RAIZA, APONTE E  
Address: 14231 SW 18TH ST.  
City-St-Zip: MIAMI, FL 33175

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: JOSE N APONTE

PD

01/17/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date