

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000032135

FILED
Mar 25, 2009
Secretary of State

Entity Name: DOCPA MEDICAL CLINIC, INC.

Current Principal Place of Business:

7235 CORAL WAY
214
MIAMI, FL 33155 US

New Principal Place of Business:

Current Mailing Address:

7235 CORAL WAY
214
MIAMI, FL 33155 US

New Mailing Address:

FEI Number: 71-0940148 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MEDINA, PEDRO
3401 SW 129 AVE
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: P () Delete
Name: MEDINA, PEDRO
Address: 3401 SW 129 AVE
City-St-Zip: MIAMI, FL 33175 US

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: PEDRO MEDINA

P

03/25/2009

_____ Electronic Signature of Signing Officer or Director

_____ Date