2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2009
Secretary of State

DOCUMENT# P98000018823

Entity Name: RAMON MALDONADO M.D., P.A.

Current Principal Place of Business:

45 NE 9 CT
HOMESTAED, FL 33030

New Principal Place of Business:

45 NE 9 CT
HOMESTEAD, FL 33030

Current Mailing Address:

45 NE 9 CT
HOMESTAED, FL 33030

New Mailing Address:

45 NE 9 CT
HOMESTEAD, FL 33030

FEI Number: 65-0829674 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MALDONADO, RAMON
5981 S.W. 88TH ST.
MIAMI, FL 33156 US

Name and Address of New Registered Agent:

MALDONADO, RAMON
45 NE 9 CT
HOMESTEAD, FL 33030 US

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: RAMON MALDONADO 04/29/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PSD ( ) Delete
Name: MALDONADO, RAMON
Address: 5981 S.W. 88TH ST.
City-St-Zip: MIAMI, FL 33156

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSD (X) Change ( ) Addition
Name: MALDONADO, RAMON
Address: 45 NE 9 CT
City-St-Zip: HOMESTEAD, FL 33030

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: RAMON MALDONADO P 04/29/2009
Electronic Signature of Signing Officer or Director Date