


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2008 08:00 AM
Secretary of State

DOCUMENT # 676678
 1. Entity Name
REYES AND REYES, M.D., P.A.



Principal Place of Business: **3700 WASHINGTON STREET #404 HOLLYWOOD, FL 33021**
 Mailing Address: **3700 WASHINGTON STREET # 404 HOLLYWOOD, FL 33021**



01142008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number: **59-2018293** Applied For: Not Applicable
 5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
REYES, RENE A
3700 WASHINGTON STREET
404
HOLLYWOOD, FL 33021

DO NOT WRITE IN THIS SPACE

8. 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. I am familiar with, and accept the obligations of registered agent

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. Election Campaign Financing Trust Fund Contribution: **\$5.00** May Be Added to Fees
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00

10. OFFICERS AND DIRECTORS

| | |
|----------------|-----------------------------|
| TITLE | DP |
| NAME | REYES, DR. AURELIO R. |
| STREET ADDRESS | 3700 WASHINGTON STREET #404 |
| CITY-ST-ZIP | HOLLYWOOD, FL 33021 |
| TITLE | SP |
| NAME | REYES, RENE A MD |
| STREET ADDRESS | 3700 WASHINGTON STREET #404 |
| CITY-ST-ZIP | HOLLYWOOD, FL 33021 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
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| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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 01/25/08-80005-002 150.00
DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE: *Aurelio R Reyes MD* 1/16/08 (954) 983-3733
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

AURELIO R REYES MD