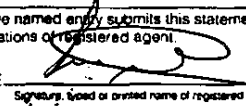
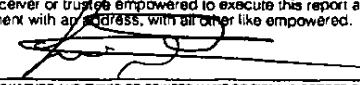


FILED
Feb 20, 2007 8:00 am
Secretary of State

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01-25-2007 90051 032 ***150.00

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P01000090030		
1. Entity Name LUIS S. VERAS, M.D., P.A.		
Principal Place of Business 747 PONCE DE LEON BLVD. SUITE 606 MIAMI, FL 33134		Mailing Address 747 PONCE DE LEON BLVD. SUITE 606 MIAMI, FL 33134
DO NOT WRITE IN THIS SPACE		
		01122007 No Chg-P CR2E034 (11/05)
		4. FEI Number 65-1136677
		Applied For Not Applicable
		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent VERAS, LUIS S MD 747 PONCE DE LEON BLVD. SUITE 606 MIAMI, FL 33134		
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  2/12/07 Signature, typed or printed name of registered agent, if applicable (NOTE: Registered Agent sig. is required when reappointing) DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VERAS, LUIS S 747 PONCE DE LEON BLVD. - STE. 606 MIAMI, FL 33134	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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: 		2/12/07 (305) 444-7779
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #