

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**


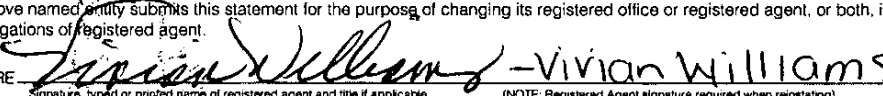
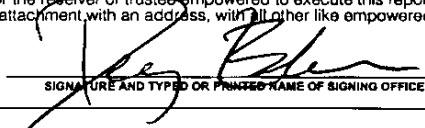
FILED
May 01, 2007 8:00 am
Secretary of State

05-01-2007 90038 008 ***158.75

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04162007 Chg-P CR2E034 (12/06)

DOCUMENT # P03000067170				
1. Entity Name DENISE ERDEM, M.D., P.A.				
Principal Place of Business 4675 PONCE DE LEON BLVD., STE. #200 CORAL GABLES, FL 33146		Mailing Address 4675 PONCE DE LEON BLVD., STE. #200 CORAL GABLES, FL 33146		
2. Principal Place of Business - No P.O. Box # 2030 DOUGLAS ROAD Suite, Apt. #, etc. SUITE 201		3. Mailing Address 2030 DOUGLAS ROAD Suite, Apt. #, etc. SUITE 201		
City & State CORAL GABLES, FL		City & State CORAL GABLES, FL		
Zip 33134	Country US	Zip 33134	Country US	
4. FEI Number 56-2369159		Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent ERDEM, DENISE 4675 PONCE DE LEON BLVD., STE. #200 CORAL GABLES, FL 33146		7. Name and Address of New Registered Agent Name DADE CORPORATE SERVICES Street Address (P.O. Box Number is Not Acceptable) 2300 CORAL WAY City MIAMI Suite SUITE 200 Zip Code FL 33145		
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 		-Vivian Williams		DATE 4/30/07
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ERDEM, DENISE 4675 PONCE DE LEON BLVD., STE. #200 CORAL GABLES, FL 33146	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: 		Date 4/30/07		Daytime Phone # (305) 856-0056