2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000073482 1. Entity Name JUAN C. PEREZ-ESPINOSA, D.O., P.A.



Principal Place of Business 5780 S.W. 53 TERRACE SOUTH MIAMI, FL 33155 Mailing Address

5780 S.W 53 TERRACE SOUTH MIAMI, FL 33155

FILED Jul 23, 2008 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE

07162008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-1251643

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PEREZ-ESPINOSA, JUAN C D.O.PA 5780 S.W. 53 TERRACE SOUTH MIAMI, FL 33155

DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the fons of registered agent.	purpose of changing its registered	d office or r	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and une	d'applicable (NOTE Registered	Agent signature	required when reinstating)	DATE
FILE NOW!!! FEE IS \$150.00 9. Election Cam Due by September 12, 2008 Trust Fund Cam			oing	\$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
10.	OFFICERS AND DIRE	crors			· · · · · · · · · · · · · · · · · · ·
THE HAME STREET ADDRESS CITY-ST-ZIP	DP PEREZ-ESPINOSA, JUAN C 5780 S.W. 53 TERRACE SOUTH MIAMI, FL 33155				
TITLE NAME STREET ADDRESS CITY+ST-ZIP			. 4		U00000956064 07/23/08-80002-019 150.00
THEE MAME STREET ADDRESS CHY-ST-ZIP				DO	NOT WRITE
THLE NAME SIREET ADDRESS CITY: SI-ZIP				IN '	THIS SPACE
TIFLE NAME STREET ADDRESS CHY-ST-ZIP					
HALE HALAE STREET ADDRESS OHY-ST-ZIP					
12. I nereby 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 true as 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 all address, with all other like empowered.					