

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000108045

FILED  
Mar 26, 2007  
Secretary of State

Entity Name: DOLORES SANCHEZ-CAZAU MD ,PA

## Current Principal Place of Business:

14514 SW 56 TERRACE  
MIAMI, FL 33183 US

## New Principal Place of Business:

14514 SW 56 TER  
MIAMI, FL 33183 US

## Current Mailing Address:

14514 SW 56 TERRACE  
MIAMI, FL 33183 US

## New Mailing Address:

14514 SW 56 TER  
MIAMI, FL 33183 US

FEI Number: 20-5403730

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CAZAU, DOLORES S MD  
14514 SW 56 TERRACE  
MIAMI, FL 33183 US

## Name and Address of New Registered Agent:

CAZAU, DOLORES S MD  
14514 SW 56 TER  
MIAMI, FL 33183 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: DOLORES CAZAU

03/26/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: CAZAU, DOLORES S MD  
Address: 14514 SW 56 TERRACE  
City-St-Zip: MIAMI, FL 33183 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change ( ) Addition  
Name: CAZAU, DOLORES S MD  
Address: 14514 SW 56 TER  
City-St-Zip: MIAMI, FL 33183 US

I hereby certify that the information supplied with this filing does not qualify for the 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: DOLORES CAZAU

P

03/26/2007

Electronic Signature of Signing Officer or Director

Date