

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 08, 2008 8:00 am**  
**Secretary of State**

02-08-2008 90035 047 \*\*\*150.00

<b>DOCUMENT # P98000007526</b>					
<b>1. Entity Name</b> VERANO M. HERMIDA, M.D., P.A.					
<b>Principal Place of Business</b> 4850 W. OAKLAND PK. BLVD. 136 LAUDERDALE LAKES, FL 33313			<b>Mailing Address</b> 4850 W. OAKLAND PK. BLVD. 136 LAUDERDALE LAKES, FL 33313		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 65-0806499	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
HERMIDA, VERANO M MD. 1212 E BROWARD BLVD. FORT LAUDERDALE, FL 33301			Name <u>VERANO HERMIDA MD.</u> Street Address (P.O. Box Number is Not Acceptable) <u>4850 W. OAKLAND PK BLVD #136</u> City <u>LAUDERDALE LAKES</u> FL Zip Code <u>33313</u>		
<b>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.</b>					
<b>SIGNATURE</b> _____ (NOTE: Registered Agent signature required when renouncing)					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST HERMIDA, VERANO M MD 1212 E BROWARD BLVD FT LAUDERDALE, FL 33301	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HERMIDA, VERANO M MD 1212 E BROWARD BLVD FT LAUDERDALE, FL 33301	<input type="checkbox"/> Delete			
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<b>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.</b>					
<b>SIGNATURE:</b> <u>VERANO HERMIDA MD.</u>		Date <u>1/31/08</u>		Daytime Phone # <u>9547398420</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					