

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 19, 2007 08:00 AM
Secretary of State

DOCUMENT # P99000008576

1. Entity Name
FAMILY MEDICINE OF MIAMI, P.A.



Principal Place of Business
**9485 SOUTHWEST 72 STREET
SUITE A-104
MIAMI, FL 33173**

Mailing Address
**9485 SOUTHWEST 72 STREET
SUITE A-104
MIAMI, FL 33173**



01152007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0890981

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**GOMEZ-RIVERA, JOSE A
9485 SW 72 ST STE A 104
MIAMI, FL 33173**

**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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

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

U000000670903
03/28/07-80007-018 150.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**PSD
GOMEZ-RIVERA, JOSE A DO
9485 SOUTHWEST 72 STREET SUITE A-104
MIAMI, FL 33173**

TITLE
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CITY- ST- ZIP

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IN THIS SPACE**

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 prepare 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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #