## 2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

## Apr 09, 2007 8:00 am Secretary of State DOCUMENT # P06000086743 04-09-2007 90091 011 \*\*\*150.00 1. Entity Name CARLOS A. VIZCARRA MD PA Principal Place of Business Mailing Address 3897 PEACOCK DRIVE 13825 US HIGHWAY 1 MELBOURNE, FL 32904 SUITE 2B US SEBASTIAN, FL 32958 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 13837 US Highway 1 Suite, Apt. #, etc. CR2E034 (12/06) 03132007 Chg-P City & State City & State 4. FEI Number Applied For 20-5117679 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent VIZCARRA, CARLOS A-Street Address (P.O. Box Number is Not Acceptable) 3897 PEACOCK DRIVE MELBOURNE, FL 32904 Zip Code City FL 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 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Delete TITLE ☐ Change Addition VIZCARRA, CARLOS A NAME NAME STREET ADDRESS 3897 PEACOCK DRIVE STREET ADDRESS MELBOURNE, FL 32904 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition T971 F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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

ONING OFFICER OR DIRECTOR

**FILED** 

Daytime Phone #