

**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 28, 2007 8:00 am**  
**Secretary of State**

03-28-2007 90015 004 \*\*\*150.00

**DOCUMENT # 461180**

1. Entity Name  
 RAFAEL G. MADRIGAL, M.D., P.A.



Principal Place of Business      Mailing Address

2601 SW 37TH AVE      2601 SW 37TH AVE  
 SUITE 903      SUITE 903  
 MIAMI, FL 33133 US      MIAMI, FL 33133 US

**DO NOT WRITE IN THIS SPACE**



03232007      No Chg-P      CR2E034 (11/05)

4. FEI Number 59-1549592	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent

MADRIGAL, RAFAEL GARCIA  
 2601 SW 37TH AVE  
 SUITE 903  
 CORAL GABLES, FL 33134

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering)      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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MADRIGAL, RAFAEL GARCIA 2601 SW 37TH AVE STE 903 MIAMI, FL 33133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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.

SIGNATURE: RAFAEL G MADRIGAL MD      Date: 3/26/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #