


**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.	
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Principal Place of Business 2601 SW 37TH AVE SUITE 903 MIAMI, FL 33133 US	Mailing Address 2601 SW 37TH AVE SUITE 903 MIAMI, FL 33133 US
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DO NOT WRITE IN THIS SPACE

30040000



03232007 No Chg-P CR2E034 (11/05)

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

6. Name and Address of Current Registered Agent MADRIGAL, RAFAEL GARCIA 2601 SW 37TH AVE SUITE 903 CORAL GABLES, FL 33134	DO NOT WRITE IN THIS SPACE
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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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MADRIGAL, RAFAEL GARCIA 2601 SW 37TH AVE STE 903 MIAMI, FL 33133
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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 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 3/26/07

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