2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 09, 2008 08:00 All Secretary of State **DOCUMENT #461888** 1. Entity Name FRANCISCO A. PRADO M.D., P.A. Principal Place of Business Mailing Address 3883 BISCAYNE BLVD. P.O. BOX 430165 MIAMI, FL 33137 MIAMI, FL 33243 01172008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-1567149 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent PRADO, ALESSANDRA DO NOT WRITE 8350 SUNSET DR. MIAMI, FL 33143 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) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE 18 \$150.00 U00000886765 Trust Fund Contribution. After May 1, 2008 Fee will be \$550.00 Added to Fees 04/18/08-80072-003 150.00 10. OFFICERS AND DIRECTORS TITLE NAME PRADO, FRANCISCO A STREET ADDRESS 8350 SUNSET DRIVE CITY-ST-ZIP MIAMI, FL 33143 TITLE NAME PRADO, ALESSANDRA STREET ADDRESS 8350 SUNSET DRIVE CITY-ST-7IP MIAMI, FL 33143 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS 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 with an address, with all other like empowered.

CICNIATUDE.

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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4/07/08