

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 31, 2006 08:00 AM
Secretary of State

DOCUMENT # 462104

1. Entity Name
JOSE CARLOS SUAREZ DIAZ, M.D., P.A.



Principal Place of Business
**8340 SW 62 AVE
MIAMI, FL 33143**

Mailing Address
**8340 SW 62 AVE
MIAMI, FL 33143**



01112006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1559894

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**SUARES-DIAZ, JOSE
5971 SOUTHWEST 84 STREET
MIAMI, FL 33143**

**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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

000000411139
02/09/06-80064-014 150.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
SUAREZ DIAZ, JOSE CARLOS
8340 SW 62 AVE
MIAMI, FL 33143**

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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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 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: **X Jose Carlos Suarez Diaz M.D.P.A.**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-25-2006-056625020
Date Daytime Phone #