



2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2008 8:00 am
Secretary of State

03-19-2008 90020 050 ***150.00

DOCUMENT # 488716 1. Entity Name ARAGON & ARAGON, M.D.'S, P.A.					
Principal Place of Business 1004 N. PARROTT AVENUE OKEECHOBEE, FL 34972			Mailing Address 1004 N. PARROTT AVENUE OKEECHOBEE, FL 34972		
2. Principal Place of Business - No P.O. Box # 1796 SE 6th LANE Suite, Apt. #, etc. OKEECHOBEE		3. Mailing Address 1796 SE 6th LANE Suite, Apt. #, etc. OKEECHOBEE		40048875 	
City & State OKEECHOBEE FL		City & State OKEECHOBEE FL		4. FEI Number 59-1628719	
Zip 34974		Country U.S.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ARAGON, CANDIDO P 1004 N. PARROTT AVE OKEECHOBEE, FL 33472				7. Name and Address of New Registered Agent Name ARAGON, CANDIDO P. Street Address (P.O. Box Number is Not Acceptable) 1796 SE 6th LANE OKEECHOBEE City OKEECHOBEE FL Zip Code 34974	
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 Candido P. Aragon CANDIDO P. ARAGON 3/18/08 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent Signature required when reappointing) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ARAGON, CANDIDO P 1004 N. PARROTT AVE. OKEECHOBEE, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD ARAGON, GLORIA, R 1004 N. PARROTT AVE. OKEECHOBEE, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	(Empty)	<input type="checkbox"/> Delete			
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: Candido P. Aragon CANDIDO P. ARAGON 3/18/08 863-7636332 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					