


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2008 08:00 AM
Secretary of State

DOCUMENT # 490861

1. Entity Name
MANUEL PEREZ-ESPINOSA, M.D., PROFESSIONAL ASSOCIATION



Principal Place of Business Mailing Address

5340 SW 59 AVE. 5340 SW 59 AVE.
 MIAMI, FL 33155 MIAMI, FL 33155

DO NOT WRITE IN THIS SPACE



01162008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1645484	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

PEREZ-ESPINOSA, MANUEL
 5340 SW 59 AVE.
 MIAMI, FL 33155

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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 reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

1000000204058
 02/05/08-80051-022 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PEREZ-ESPINOSA, MANUEL 5340 SW 59 AVE. MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PEREZ-ESPINOSA, MANUEL 5340 SW 59 AVE. MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PEREZ, JORGE L. 3600 W FLAGLER ST MIAMI, FL 33135
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JUAN C. PEREZ-ESPINOSA 3600 W FLAGLER ST MIAMI, FL 33135
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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: Manuel Espinosa 1-24-2008 305-6654188

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