2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2007 08:00 AM
Secretary of State

DOCUMENT # 521861

1. Entity Name
KALLOS & CARRETERO, M.D., P.A.

Principal Place of Business	Mailing Address
6280 SUNSET DRIVE STE 603 MIAMI, FL 33143	6280 SUNSET DRIVE STE 603 MIAMI, FL 33143

02222007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1716858
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SACHER, CHARLES P.
2655 LEJUNE ROAD
CORAL GABLES, FL 33134

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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 _____
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, 2007 Fee will be $550.00

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

U00000674268
03/29/07-80065-004 150.00

10. OFFICERS AND DIRECTORS

TITLE	P T
NAME	KALLOS, NILZA P.L.
STREET ADDRESS	10 EDGEWATER DR. 7D
CITY-ST-ZIP	CORAL GABLES, FL
TITLE	S D
NAME	KALLOS, TAMAS
STREET ADDRESS	10 EDGEWATER DR. 7D
CITY-ST-ZIP	CORAL GABLES, FL
TITLE	V D
NAME	CARRETERO, MACARENA
STREET ADDRESS	ONE GROVE ISLE #1204
CITY-ST-ZIP	COCONUT GROVE, FL 33133
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #