## 2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

## Jan 24, 2007 08:00 AM Secretary of State **DOCUMENT # 538406** EULÓGIO S. JIMENEZ, M.D., P.A. Principal Place of Business Mailing Address PO BOX 650976 3750 SW 142 AVE. MIAMI, FL 33175 US MIAMI, FL 33265 No Chg-P 01172007 CR2E034 (11/05) Applied For 4. FEI Number 59-1752214 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent JIMENEZ, EULOGIO S. DO NOT WRITE 3750 SW 142 AVE. MIAMI, FL 33175 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, typed or printed name of registered egent and title if applicable. (NOTE: Registered Agent signature required when reinstating) OA7E 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. IITLE PSD JIMENEZ, EULOGIO S. NAME STREET ADDRESS 3750 SW 142 AVE. MIAMI, FL 33175 CITY-ST-7/P TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE D01Y-ST-71P IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 1376 F NAME STREET ADDRESS CITY-ST-7IP 12. Thereby 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 of 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

**FILED** 

with an address, with all of

changed or on an attachment

SIGNATURE: