


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 19, 2007 08:00 AM
Secretary of State

DOCUMENT # 539179
 1. Entity Name
 JOSE M. TURRO, M.D., P.A.



Principal Place of Business
 5010 MILE STRETCH DR
 HOLIDAY, FL 34690

Mailing Address
 5010 MILE STRETCH DR
 HOLIDAY, FL 34690

DO NOT WRITE IN THIS SPACE



07162007 No Chg-P CR2E034 (11/05)

4. FEI Number
 59-1757730 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent
 TURRO, JOSE M
 1401 DIXIE HIGHWAY
 HOLIDAY, FL 33590

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TURRO, JOSE M 1401 DIXIE HIGHWAY HOLIDAY FL,
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UDD000769510
 07/19/07-80004-001 150.00

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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: Jose M TURRO 17-13-07 729-9381406
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #