


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 25, 2007 08:00 A
Secretary of State

DOCUMENT # 539315	
1. Entity Name AMAURI VALDES, M.D., P.A.	
	
Principal Place of Business 201 CRANDON BLVD.923 KEY BISCAVNE, FL 33149	Mailing Address 201 CRANDON BLVD.923 KEY BISCAVNE, FL 33149



04202007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1750289	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent VALDES, AMAURI 201 CRANDON BLVD #923 KEY BISCAVNE, FL 33149	DO NOT WRITE 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

**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

U00000729509
05/08/07-80042-007 158.75

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VALDES, AMAURI 201 CRANDON BLVD 923 KEY BISCAVNE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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:  **305-371-9213**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

AMAURI VALDES - PRESIDENT