


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90342 046 ***150.00

DOCUMENT # 549808 1. Entity Name LIBERTAD A. PALMA, M.D., P.A.					
Principal Place of Business 4171 N ANDREWS AVENUE FORT LAUDERDALE, FL 33309			Mailing Address 4171 N ANDREWS AVENUE FORT LAUDERDALE, FL 33309		
2. Principal Place of Business <i>10028 W Oakland Park Blvd</i>		3. Mailing Address <i>10028 W Oakland Park Blvd</i>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <i>Sunrise, FL</i>		City & State <i>Sunrise, FL</i>		4. FEI Number 59-1769708	
Zip <i>33351</i>		Country <i>USA</i>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent PALMA, LIBERTAD A. 4171 N. ANDREWS AVE. FT. LAUDERDALE, FL 33309			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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, the registered agent. <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="width: 30%;"> SIGNATURE <i>Libertad A. Palma</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 30%; text-align: center;"> <i>Libertad A. Palma</i> <small>(NOTE: Registered Agent signature required when reinstating)</small> </div> <div style="width: 30%; text-align: right;"> DATE <i>04-26-06</i> </div> </div>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PALMA, LIBERTAD A. 4171 N. ANDREWS AVE FT. LAUDERDALE, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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: <i>Libertad A. Palma</i> <i>Libertad A. Palma</i> <i>04/26/06</i> <i>954 7486665</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					