

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 16, 2007 8:00 am**  
**Secretary of State**

03-16-2007 90029 033 \*\*\*150.00

DOCUMENT # 556928

1. Entity Name

MIGUEL A. ALVAREZ, M.D., P.A.



Principal Place of Business  
2650 BAHIA VISTA ST.  
#202  
SARASOTA FL 34239

Mailing Address  
2650 BAHIA VISTA ST.  
#202  
SARASOTA FL 34239  
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, A

NOTE CHANGE NAME/ADDRESS

MIGUEL A. ALVAREZ, M.D., P.A.

DBA LAKEWOOD RANCH PEDIATRICS

8340 LAKEWOOD RANCH BLVD. STE. 120

BRADENTON, FLORIDA 34202 USA

Zip

(941) 907-9751

1st MOORE

CR2E034 (10/06)

4. FEI Number

59-1788587

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ALVAREZ, MIGUEL A MD  
2650 BAHIA VISTA STREET-#202  
SARASOTA FL 34239

*Address as above*

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE S  
NAME MORGAN, WILLIAM C. MD ☒ Delete  
STREET ADDRESS 2650 BAHIA VISTA ST.-#202  
CITY-ST-ZIP SARASOTA FL 34239

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE PT  
NAME ALVAREZ, MIGUEL A M.D. ☐ Delete  
STREET ADDRESS 2650 BAHIA VISTA ST.-#202  
CITY-ST-ZIP SARASOTA FL 34239

TITLE  
NAME  
STREET ADDRESS ☒ Change ☐ Addition  
CITY-ST-ZIP *see above*

TITLE  
NAME  
STREET ADDRESS ☐ Delete  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS ☐ Change ☐ Addition  
CITY-ST-ZIP

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STREET ADDRESS ☐ Delete  
CITY-ST-ZIP

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CITY-ST-ZIP

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STREET ADDRESS ☐ Delete  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS ☐ Change ☐ Addition  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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

2/20/07

Date

Daytime Phone #