


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 11, 2007 8:00 am
Secretary of State

05-30-2007 90006 034 ***150.00

DOCUMENT # 590051
 1. Entity Name
ALBERTO E. ANGULO, M.D., P.A.



Principal Place of Business 1500 E. HILLSBORO BLVD. STE 207 DEERFIELD BEACH, FL 33441	Mailing Address 1500 E. HILLSBORO BLVD. STE 207 DEERFIELD BEACH, FL 33441
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04192007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1849903	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ANGULO, ALBERTO E
 1500 E. HILLSBORO BLVD
 STE 207
 DEERFIELD BCH, FL 33441

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: *Alberto E. Angulo* (NOTE: Registered Agent signature required when rechartering) DATE: 4-23-07

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ANGULO, ALBERTO E 1500 E HILLSBORO BLVD DEERFIELD BEACH, FL 33441
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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: *Alberto E. Angulo* DATE: 4-23-07 DAYTIME PHONE: 954 428-2480