
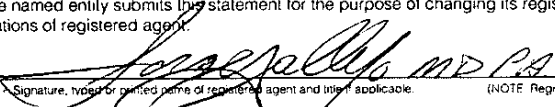
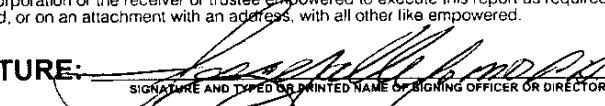


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

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

07-16-2007 90123 019 \*\*\*150.00

|  |   |  |  |  |   |
|--|---|--|--|--|---|
| <b>DOCUMENT # 604656</b><br>1. Entity Name<br><b>JORGE A. VALLEJO, M.D., INC.</b>  |   |  |  |   |   |
| Principal Place of Business<br><b>777 EAST 25 STREET<br/>SUITE 514<br/>HIALEAH, FL 33013</b>   |   |  | Mailing Address<br><b>777 EAST 25 STREET<br/>SUITE 514<br/>HIALEAH, FL 33013</b> |  |   |
| 2. Principal Place of Business - No P.O. Box #<br><b>1219 Leeward Way</b><br>Suite, Apt. #, etc.   |   |  | 3. Mailing Address<br><b>1219 Leeward Way</b><br>Suite, Apt. #, etc.             |  |   |
| City & State<br><b>Weston, FL</b><br>Zip<br><b>33327</b>   |   | City & State<br><b>Weston, FL</b><br>Zip<br><b>33327</b>   |  | 4. FEI Number<br><b>59-1485758</b>   |   |
| Country<br><b>USA</b>  |   | Country<br><b>USA</b>  |  | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required  |   |
| 6. Name and Address of Current Registered Agent<br><b>VALLEJO, JORGE A MD<br/>777 EAST 25 STREET SUITE 203<br/>HIALEAH, FL 33013</b>   |   |  |  | 7. Name and Address of New Registered Agent<br>Name <b>Vallejo, Jorge A, MD</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>1219 Leeward Way</b><br>City <b>Weston</b> <b>FL</b> Zip Code <b>33327</b> |   |
| 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.<br>SIGNATURE:  DATE: _____<br><small>(Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating))</small>  |   |  |  |  |   |
| <b>FILE NOW!!! FEE IS \$150.00<br/>Due by September 14, 2007</b>   |   | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> 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   |   |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                            |  |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | PD<br>VALLEJO, JORGE A<br>8375 W. 18TH LANE DR.<br>HIALEAH, FL    | <input type="checkbox"/> Delete  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | PD<br>Vallejo, Jorge A<br>1219 Leeward Way<br>Weston, FL 33327    |
| <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition   |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |  |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>VALLEJO, GISELA<br>8375 W. 18TH LANE DR.<br>HIALEAH, FL      | <input checked="" type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | Change <input type="checkbox"/> Addition <input type="checkbox"/> |
| <input type="checkbox"/> Change <input type="checkbox"/> Addition  |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |  |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | T<br>VALLEJO, JORGE A<br>8375 W. 18TH LANE DR.<br>HIALEAH, FL     | <input checked="" type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | Change <input type="checkbox"/> Addition <input type="checkbox"/> |
| <input type="checkbox"/> Change <input type="checkbox"/> Addition  |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |  |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | Change <input type="checkbox"/> Addition <input type="checkbox"/> | <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:    |   |  | Date: <b>July 12/07</b> Daytime Phone #: _____                                   |  |   |