2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 623752

Entity Name: GUILLERMO CADENA, M.D., P.A.

FILED Jan 07, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

10521 HEARTH ROAD 22770 SKYVIEW CRICLE SPRING HILL, FL 34608 BROOKSVILLE, FL 34602

Current Mailing Address: New Mailing Address:

PO BOX 10222 BROOKSVILLE, FL 34603

FEI Number: 59-1909741 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CADENA, GUILLERMO, M.D., PA

10521 HEARTH ROAD

SPRING HILL, FL 34608 US

CADENA, GUILLERMO, M.D., PA

22770 SKYVIEW CIRCLE

BROOKSVILLE, FL 34602 US

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.

SIGNATURE: 01/07/2007

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PRES () Delete

Name: CADENA, GUILLERMO, M, .D., PA Address: 10521 HEARTH ROAD City-St-Zip: SPRING HILL, FL 34608

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: CADENA, GUILLERMO, M, .D., PA
Address: 22770 SKYVIEW CIRCLE
City-St-Zip: BROOKSVILLE, FL 34602

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CADENA, GUILLERMO, M.D., PA PRES 01/07/2007