

FILED
Jan 09, 2008 08:00 A
Secretary of State

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 644130
1. Entity Name
BENITEZ, OSWALDO D., M.D., P.A.



Principal Place of Business
408 SOUTH 25TH STREET
FT. PIERCE, FL 34947

Mailing Address
408 SOUTH 25TH STREET
FT. PIERCE, FL 34947

DO NOT WRITE IN THIS SPACE



01042008 No Chg-P CR2E034 (11/06)

4. FEI Number
59-1952711

Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

8. Name and Address of Current Registered Agent
BENITEZ, OSWALDO D MD
408 S. 25TH ST.
34947, FL 34947

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

FILE NOW!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. \$5.00 May Be Added to Fees

000000776467
01/09/08-90026-007 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	BENITEZ, OSWALDO D MD
STREET ADDRESS	408 S. 25TH ST.
CITY-ST-ZIP	FORT PIERCE, FL 34947
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Oswaldo Benitez, MD 1-7-08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/1-7-08 Phone 3