

'2006 FOR PROFIT CORPORATION ANNUAL REPORT

4. **FILED**
Apr 28, 2006 8:00 am
Secretary of State

04-13-2006 90310 045 ***158.75

66012882



DOCUMENT # 655360
 1. Entity Name
VICENTE LAGO, M.D., P.A.



Principal Place of Business Mailing Address
~~1100 S.W. 57TH AVENUE~~ ~~1100 S.W. 57TH AVENUE~~
~~MIAMI, FL 33144 US~~ ~~MIAMI, FL 33144 US~~
351 NW 42 AVE suite 305 **351 NW 42 AVE str. 305**
MIAMI, FL 33126 **MIAMI FL 33122**

2. Principal Place of Business 3. Mailing Address
351 NW 42 AVE **351 NW 42 AVE**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
305 **305**

City & State City & State
MIAMI, FL **MIAMI, FL**

Zip Country Zip Country
33126 **MIAMI DADE** **33126** **MIAMI DADE**

02082006 Chg-P CR2E034 (11/05)

4. FEI Number Applied For
59-1973672 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	
DEL VALLE, IGNACIO G. INTERNATIONAL PLACE STE 4000 100 SE 2ND ST MIAMI, FL 33831		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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LAGO, VICENTE MD PA 5440 S.W. 59TH AVENUE MIAMI, FL 33155 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 title empowered.

SIGNATURE: Vicente LAGO Date: 4/24/09
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Define Phrase

305-541 1041