

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 15, 2007 8:00 am
Secretary of State

05-15-2007 90007 047 ***150.00



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

Principal Place of Business Mailing Address
351 NE #2 AVE SUITE #305 MIAMI, FL 33126 US **351 NE #2 AVE SUITE #305 MIAMI, FL 33126 US**

2. Principal Place of Business - No P.O. Box # **351 NW 42 Avenue** Suite, Apt. #, etc. **Sr. 306**
 3. Mailing Address **P.O. Box 430735** Suite, Apt. #, etc.

City & State **Miami FL** City & State **Miami FL**

Zip **33126** Country Country **33243**



04272007 Chg-P CR2E034 (12/06)

4. FEI Number **59-1973672** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent
DEL VALLE, IGNACIO G. INTERNATIONAL PLACE STE 4000 100 SE 2ND ST MIAMI, FL 33831

7. Name and Address of New Registered Agent
 Name **Vicente Lago MD**
 Street Address (P.O. Box Number is Not Acceptable) **351 NW 42 Avenue # 305**
 City **Miami FL** Zip Code **33126**

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 *[Signature]* **4/30/07** DATE
Signature: typed or printed name of registered agent and, when applicable, (NOTE: Registered Agent signature required when reinstating)

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		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
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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: *[Signature]* **4/30/07** Date Daytime Phone #