

**FILED**  
**Mar 14, 2008 8:00 am**  
**Secretary of State**

02-06-2008 90037 045 \*\*\*150.00

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

|                                                                           |                                                                                   |
|---------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # 686295</b><br>1. Entity Name<br>RAUL J. HERRADA, M.D., P.A. |  |
|---------------------------------------------------------------------------|-----------------------------------------------------------------------------------|

|                                                                              |                                                                  |
|------------------------------------------------------------------------------|------------------------------------------------------------------|
| Principal Place of Business<br>2177 E MICHIGAN ST STE 1<br>ORLANDO, FL 32806 | Mailing Address<br>2177 E MICHIGAN ST STE 1<br>ORLANDO, FL 32806 |
|------------------------------------------------------------------------------|------------------------------------------------------------------|

66003913



01092008 No Chg-P CR2E034 (11/05)

|                             |                                                         |
|-----------------------------|---------------------------------------------------------|
| 4. FEI Number<br>59-2019380 | Applied For:<br><input type="checkbox"/> Not Applicable |
|-----------------------------|---------------------------------------------------------|

|                                                           |                                   |
|-----------------------------------------------------------|-----------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional<br>Fee Required |
|-----------------------------------------------------------|-----------------------------------|

**DO NOT WRITE IN THIS SPACE**

|                                                                                                                 |
|-----------------------------------------------------------------------------------------------------------------|
| 6. Name and Address of Current Registered Agent<br><br>HERRADA, RAUL<br>2177 E MICHIGAN ST STE 1<br>ORLANDO, FL |
|-----------------------------------------------------------------------------------------------------------------|

**DO NOT WRITE  
IN THIS SPACE**

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, typed or printed name of registered agent and entity applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

**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                     |                                                                         |
|------------------------------------------------|-------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PST<br>HERRADA, RAUL J<br>4073 CONWAY PLACE CIRCLE<br>ORLANDO, FL 00000 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                         |

**DO NOT WRITE  
IN THIS SPACE**

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 807, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

*Raul J. Herrada*  
**RAUL J. HERRADA (President)**

3-11-08