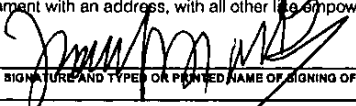


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 01, 2007 08:00 AM
Secretary of State

DOCUMENT # 693139 1. Entity Name JAIME E. CAMPOS, M.D., P.A.			
Principal Place of Business 7100 WEST 20TH AVENUE, SUITE 303 HIALEAH, FL 33016		Mailing Address 7100 WEST 20TH AVENUE, SUITE 303 HIALEAH, FL 33016	
DO NOT WRITE IN THIS SPACE			
		07262007 No Chg-P CR2E034 (11/05)	
		4. FEI Number 59-2103077	Applied For ☐ Not Applicable
		5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent CAMPOS, JAIME E 7100 W 20 AVE #303 HIALEAH, FL 33016		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 title if applicable (NOTE: Registered Agent signature required when reinstating) DATE			
FILE NOW!!! FEE IS \$550.00 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees U000000771104 08/01/07-80005-001 550.00
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CAMPOS, JAIME E. 7100 W 20 AVE #303 HIALEAH, FL		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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 info empowered.			
SIGNATURE: 		Jaime E. Campos 7-27-07 305-556-1544	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	