

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F01034

1. Entity Name

LUIS F. MESTRE-CANALS, M.D., P.A.



Principal Place of Business

6850 CORAL WAY  
MIAMI, FL 33155

Mailing Address

6850 CORAL WAY  
MIAMI, FL 33155

**FILED**  
**Apr 25, 2007 08:00 AM**  
**Secretary of State**



03072007 No Chg-P CR2E034 (11/05)

4. FEI Number

59-2034776

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

CRESPO & CRESPO, PA  
2701 PONCE DE LEON BLVD  
STE 302  
CORAL GABLES, FL 33134

**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 \$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**

TITLE DP  
NAME MESTRE-CANALS, LUIS F MD  
STREET ADDRESS 6850 CORAL WAY  
CITY-ST-ZIP MIAMI, FL 00000,

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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IN THIS SPACE**

000000730841  
05/08/07-80095-018 150.00

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: *X Luis F. Mestre-Canals*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/07

Date

305-665-82

Daytime Phone #

05