2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 24, 2007 08:00 AM Secretary of State

DOCUMENT # F245

1. Entity Name

IRVIN H. WILLIS M.D., P.A.



Principal Place of Business

4302 ALTON RD Suite 630 Miami Beach, FL 33140

Mailing Address

4302 ALTON RD Suite 630

MIAMI BEACH, FL 33140



DO	NOT	WRITE	IN	THIS	SPACE
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01172007 No Chg-P	CR2E034	i (11/05)			
4. FEI Number		Applied For			
59-2080924		Not Applicable			
5. Certificate of Status Desired		\$8.75 Additional Fee Required			

6. Name and Address of Current Registered Agent

WILLIS, IRVIN H. M.D. 2450 N SHORE TERR. MIAMI BCH, FL 33141

SIGNATURE

DO NOT WRITE IN THIS SPACE

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8. The above the obligat	e named entity submits this statement for the p tions of registered agent	ourpose of changing its registere	ed office or re	egistered agent, or bot	th, in the State of Floric	la. I am familiar w	vith, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and title i	Managinable (NOTE Registers	- Annal elegature	required when reinstating)		DATE	
_	oignature, typed or printed name or registered agent and time i	Rappicable (NO15, negistered	d Agent signature	required when reinstating;		DATE	
		Election Campaign Finan Trust Fund Contribution.	9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees				!
10.	OFFICERS AND DIREC	CTORS	I		. ,		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WILLIS, IRVIN H 2450 N. SHORE TERRACE MIAMI BEACH, FL						
TITLE NAME STREET ADDRESS CITY+ST-ZIP					00000066 01/25/07-86	00035 0051-015	150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WE	RITE	,
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN 7	THIS SPA	/CE	
TITLE NAME STREET ADDRESS CITY+ST-ZIP							
TITLE NAME STREET ADDRESS CITY-ST-ZIP		2 1	, , ,			• •	
12. I hereby condicated of the concentrated,	certify that the information supplied with this fill on this report or supplemental report is true a poration of the receiver or trustee empowered or on an attachment with an address with all	ing does not qualified the exer and accurate and that my signatual to execute this report as required the like tempowered.	emptions cont ure shall have ed by Chapte	tained in Chapter 119, e the same legal effect er 607, Florida Statutes	Florida Statutes. I fund as if made under oath s; and that my name ar	ther certify that the that I am an office opears in Block 16	e information cer or director 0 or Block 11 if