


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

06-21-2007 90022041 \*\*\*150100  
F38299

**DOCUMENT # F38299**

1. Entity Name  
**JOSE PEDRO HERNANDEZ GALA, M.D., P.A.**



2007 NOV 19 PM 3:05  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business      Mailing Address  
**539 NW 130TH AVENUE**      **539 NW 130TH AVENUE**  
**MIAMI FL 33182**                      **MIAMI FL 33182**



2. Principal Place of Business - No P.O. Box #      3. Mailing Address  
Suite, Apt. #, etc.                      Suite, Apt. #, etc.

2nd MOORE      CR2E034 (4/07)

City & State                      City & State  
Zip                      Country                      Zip                      Country

4. FEI Number **59-2113248**      Applied For  
Not Applicable

6. Name and Address of Current Registered Agent  
**HERNANDEZ GALA, JOSE P**  
**539 NW 130TH AVE**  
**MIAMI FL 33182**

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

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City                      FL      Zip Code

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: \_\_\_\_\_ (NOTE: Registered Agent signature required if not registered)      DATE

**FILE NOW!!! FEE IS \$550.00**  
**DUE BY September 5, 2007**  
Make Check Payable to Florida Department of State

§ 607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00.

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	HERNANDEZ GALA, JOSE P	
STREET ADDRESS	1010 S.W. 8TH COURT	
CITY - ST - ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HERNANDEZ GALA JOSE P	
STREET ADDRESS	539 NW 130TH AVE	
CITY - ST - ZIP	MIAMI FL 33182	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

600112389656  
11/19/07--01003--008 \*\*400.00

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: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/01/07 305  
8984753  
Date      Corporation Phone #

11/21/07