


# 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  
MIAMI FL 33182**      **539 NW 130TH AVENUE  
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 is required if not currently 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 NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
<b>P HERNANDEZ GALA, JOSE P 1010 S.W. 8TH COURT MIAMI FL</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>P HERNANDEZ GALA JOSE P 539 NW 130TH AVE MIAMI FLA 33182</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>600112389656 11/19/07--01003--009 ***400.00</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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