


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 12, 2007 8:00 am
Secretary of State

02-12-2007 90104 012 ***150.00

DOCUMENT # F72688		
1. Entity Name MANUEL PORTH, M.D., P.A.		
Principal Place of Business 7421 N UNIVERSITY SUITE 107 TAMARAC FL 33321 US		Mailing Address C/O MANUEL PORTH, M.D. P.A. 7421 NORTH UNIVERSITY DRIVE SUITE 107 TAMARAC FL 33321 US



2. Principal Place of Business - No P.O. Box # 7225 N. University Dr.		3. Mailing Address 7225 N. Univ. Drive	
Suite, Apt. #, etc. Suite 201		Suite, Apt. #, etc. Suite 201	
City & State TAMARAC Fla		City & State TAMARAC Fla	
Zip 33321	Country Broward	Zip 33321	Country Broward

1st MOORE CR2E034 (10/06)

4. FEI Number 59-2177516		Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PORTH, MANUEL 1711 VESTAL DRIVE CORAL SPRINGS FL 33071		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 when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME PORTH, MANUEL P.A.		NAME	
STREET ADDRESS 1711 VESTAL DRIVE		STREET ADDRESS	
CITY-ST-ZIP CORAL SPRINGS FL 33021		CITY-ST-ZIP	
TITLE S	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME PORTH, JACQUEINE		NAME	
STREET ADDRESS 1711 VESTAL DR.		STREET ADDRESS	
CITY-ST-ZIP CORAL SPRINGS FL 33021		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  **JACQUELINE PORTH** 1/25/07 954-724-9682
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #