2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 29, 2007 08:00 AM Secretary of State

Fee Required

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1. Entity Name JOSE L. VAZQUEZ, M.D. P.A.



Principal Place of Business

1528 S.W. 103RD AVENUE MIAMI, FL 33174 Mailing Address

1528 S.W. 103RD AVENUE MIAMI, FL 33174



DO NOT WRITE IN THIS SPACE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6. Name and Address of Current Registered Agent

VAZQUEZ, JOSE L. 1528 S.W. 103RD AVE. MIAMI, FL 33174

DO NOT WRITE IN THIS SPACE

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	named entity submits this statement for the patients of registered agent.	urpose of changing its registered	office or re	gistered agent, or bo	th, in the State of Florida. I am familiar with, and accept
SIGNATURE	Signature, typed or printed name of registered agent and title	f applicable (NOTE: Registered Ag	ant signature	required when reinstating)	DATE
		9. Election Campaign Financin Trust Fund Contribution.	19 🗆	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	CTORS			
NAME STREET ADDRESS CITY-SI-ZIP	PD VAZQUEZ, JOSE L 1528 S.W. 103RD AVE. MIAMI, FL 00000,				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				·	U00000606846 01/31/07-80013-018 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN [*]	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP				· · · · · · · ·	
12. I hereby of indicated of the corchanged.	certify that the information supplied with this fill on this report or supplemental report is true a poration or the receiver or frustee empowered or on an attachment with an Address, with All	ing does not qualify for the exemp and accurate and that my signature to execute this report as required other like empowered.	otions con shall hav by Chapt	tained in Chapter 119 e the same legal effec er 607. Florida Statute	 Florida Statutes. I further certify that the information at as if made under oath; that I am an officer or director is; and that my name appears in Block 10 or Block 11 if