## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## **FILED** Apr 25, 2007 08:00 Al Secretary of State

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1. Entity Name JORGE ENRIQUE LIEVANO, M.D., P.A.



Principal Place of Business

Mailing Address

7600 SW 57 AVE.

7600 SW 57 AVE.

MIAMI, FL 33143 US

MIAMI, FL 33143



04172007	No Chg-P

CR2E034 (11/05)

4. FEI Number 59-2391572 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6.	Name and	Address	of	Current	Reç	gistered	l Agent

DO NOT WRITE IN THIS SPACE

LIEVANO, M.D., JORGE ENRIQUE 7600 SW 57TH AVE SUITE 225 MIAMI, FL 33143

SIGNATURE:

## DO NOT WRITE IN THIS SPACE

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_	Signature, typed or printed name of registered agent and title i	fappicable (NOTE F	Registered Agent signatu	e required when reinstating)	DATE			
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees						
10.	OFFICERS AND DIREC	CTORS						
TITLE NAME STREET ADDRESS CITY-SI-ZIP	PVT LIEVANO, JORGE ENRIQUE 7600 SW 57TH AVE SUITE 225 MIAMI, FL 33143							
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LIEVANO, JORGE ENRIQUE 7600 SW 57TH AVE SUITE 225 MIAMI, FL 33143				000000733206 05/09/07-80069-013 150.00			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE			
TITLE NAME STREET ADDRESS CITY-SI-ZIP				IN '	THIS SPACE			
TITLE NAME STREET ADDRESS CITY-SI-ZIP								
TITLE NAME STREET ADDRESS CITY-ST-ZIP								
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 entertilise empowered.								