


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 19, 2008 08:00 AM
Secretary of State

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| DOCUMENT # H62840 |  |
| 1. Entity Name EDGAR PATINO, M.D., P.A. | |

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|---|---|
| Principal Place of Business 7600 S.W. 57 AVE. 225 MIAMI, FL 33143 US | Mailing Address 7600 S.W. 57 AVE. 225 MIAMI, FL 33143 US |
|---|---|

DO NOT WRITE IN THIS SPACE



01042008 No Chg-P CR2E034 (11/05)

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| 4. FEI Number 59-2541864 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

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|---|---------------------------------------|
| 6. Name and Address of Current Registered Agent PATINO, EDGAR 7600 S.W. 57 AVE. STE 225 MIAMI, FL 33143 | DO NOT WRITE IN THIS SPACE |
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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 reissuing) DATE _____

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 | 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 | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD PATINO, EDGAR 7600 SW 57TH AVE MIAMI, FL 33143 |
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02/27/08-80030-006 150.00

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IN THIS SPACE**

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: Edgar Patino MD 2-14-08 305-669-7363

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____