


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 16, 2007 8:00 am**  
**Secretary of State**

05-16-2007 90014 018 \*\*\*150.00

**DOCUMENT # K78900**  
 1. Entity Name  
 NIBERTO L. MORENO, M.D., P.A.



Principal Place of Business  
 8525 S.W. 92 STREET  
 D-15  
 MIAMI, FL 33156 US

Mailing Address  
 8525 S.W. 92 STREET  
 D-15  
 MIAMI, FL 33156 US

2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State  
 Zip Country

05032007 Chg-P CR2E034 (12/06)

4. FEI Number  
 65-0124393

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

401137



6. Name and Address of Current Registered Agent  
 MORENO, NIBERTO L M.D.  
 8525 S.W. 92 STREET  
 D-15  
 MIAMI, FL 33156

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$550.00 Due by September 14, 2007**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MORENO, NIBERTO L M.D. 8525 S.W. 92ND STREET SUITE D-15 MIAMI, FL 33156 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Niberto L. Moreno* 5-10-07 305-630-2905  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #