


2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # K96138 1. Entity Name HUGO CORRALES M.D. P.A.	
--	---

FILED
 07 JUN 27 AM 10: 51
 STATE OF FLORIDA
 TALLAHASSEE, FLORIDA

Principal Place of Business % DR. HUGO CORRALES & JUDY CORRALES 4752 BAY POINT RD MIAMI, FL 33137	Mailing Address % DR. HUGO CORRALES & JUDY CORRALES 4752 BAY POINT RD MIAMI, FL 33137
---	---



DO NOT WRITE IN THIS SPACE

06132007	No Chg-P	CR2E034 (11/05)
4. FEI Number 65-0123527	Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

CORRALES, DR. HUGO AND JUDY
4752 BAY POINT RD
MIAMI, FL 33137

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

FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPV CORRALES, HUGO (DR.) 4752 BAY POINT RD MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CORRALES, HUGO (DR.) 4752 BAY POINT RD MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS CORRALES, JUDY 4752 BAY POINT RD MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE
IN THIS SPACE

05/26/06 80120 003 \$150.00

\$76/24

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:  **Hugo Corrales**

6-14-07

305 576-3989