## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L05096

MIAMI, FL 33156

City-St-Zip:

Entity Name: LILIANNE SOBRADO, M.D., P.A.

FILED Feb 21, 2008 Secretary of State

Current P	incipal Place	of Business:	New Principal Place	New Principal Place of Business:	
8525 SW 9 D-17	2 ST				
MIAMI, FL	33156 US				
Current M	ailing Address	s:	New Mailing Address	New Mailing Address:	
8525 SW 9 D-17	2 ST				
MIAMI, FL	33156 US				
FEI Number:	65-0289041	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					
SUITE 900 BOCA RAT	N CENTER RC	US			
The above in the State		ubmits this statement for the ρι	irpose of changing its registered	d office or registered agent, or both,	
SIGNATUR	RE:				
	Electroni	c Signature of Registered Ager	nt	Date	
Election Can	npaign Financing	Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	DPS () SOBRADO, LILIA 8525 SW 92ST I MIAMI, FL 3315	D-17 <sup>^</sup>	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address:	T () SOBRADO, LILIA 8525 SW 92ST I		Title: Name: Address:	( ) Change ( ) Addition	

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LILIANNE SOBRADO, MD, PA DPS 02/21/2008