

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2007 8:00 am
Secretary of State

01-22-2007 90094 048 ***150.00



DOCUMENT # L35245 1. Entity Name LUIS C. NAVAS, M.D.P.A.	
Principal Place of Business C/O LUIS C. NAVAS 8260 FLAGLER ST 2-J MAAMI, FL 33144 US	Mailing Address C/O LUIS C. NAVAS 8260 W FLAGLER ST 2-J MAAMI, FL 33144 US
2. Principal Place of Business - No P.O. Box # 10630 SW 128th Ter. Suite Apt #, etc	3. Mailing Address 10630 SW 128th Ter. Suite Apt # etc



01092007 Chg-P CR2E034 (12/06)

City & State Miami, FL	City & State Miami, FL
Zip 33176	Zip 33176

4. FEI Number 65-0168071	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

NAVAS, LUIS C.
 8260 W FLAGLER ST 2-J
 SUITE 1-B
 MIAMI, FL 33144

7. Name and Address of New Registered Agent

Name: Luis C. Navas
 Street Address (P.O. Box Number is Not Acceptable):
 10630 SW 128th Ter.
 City: Miami FL Zip Code: 33176

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: *Luis C. Navas* DATE: _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS	
TITLE: D NAME: NAVAS, LUIS C. STREET ADDRESS: 8260 W FLAGLER ST 2-J CITY-STATE-ZIP: MAAMI, F	<input type="checkbox"/> Delete
TITLE: NAME: STREET ADDRESS: CITY-STATE-ZIP:	<input type="checkbox"/> Delete
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TITLE: NAME: STREET ADDRESS: CITY-STATE-ZIP:	<input type="checkbox"/> Delete
TITLE: NAME: STREET ADDRESS: CITY-STATE-ZIP:	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: D NAME: Navas, Luis C. STREET ADDRESS: 10630 SW 128th Ter, CITY-STATE-ZIP: Miami, FL 33176	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-STATE-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-STATE-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE: NAME: STREET ADDRESS: CITY-STATE-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 empowerments.

SIGNATURE: *Luis C. Navas* LUIS C. NAVAS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR