


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2006 8:00 am
Secretary of State

05-05-2006 90193 010 ***150.00

DOCUMENT # L41948
 1. Entity Name
ROSENDO V. DE POSADA MEDICAL OFFICE, CORP.



Principal Place of Business
615 SW 57 AVE.
MIAMI, FL 33144-3970

Mailing Address
615 SW 57 AVE.
MIAMI, FL 33144-3970


2. Principal Place of Business
 Suite, Apt. #, etc.

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

City & State

Zip Country

50019341



04172006 Chg-P CR2E034 (11/05)

4. FEI Number
~~65-0176474~~ **59-2586503**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

DE POSADA, ROSENDO VALDES
9800 SW 104TH ST
MIAMI, FL 33175

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 \$150.00
After May 1, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD DE POSADA, ROSENDO V. 9800 SW 104TH ST MIAMI, FL 33176 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DE POSADA, ILIANA VALDES 9800 SW 104TH ST MIAMI, FL 33176 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-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 empowered.

SIGNATURE: D. J. [Signature] 4/28/00 305-262-1040
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT

~~500/9341~~
#L41948

16036C

"X" in this
if there is a
to Employer
tion Number
Name.

uctions on

K NAME/
E STAMP

EIN 59-2586503 221812

ROSENDO V DE POSADA MEDICAL OFFICE
ROSENDO VALDES DE POSADA MD
605 SW 57TH AVE
MIAMI, FL 33144-3919

941	945
990- C	1120
943	990-T
720	990- PF
CT-1	1042
940	

Telephone number () _____

FOR BANK USE IN MICR ENCODING

Deposit Coupon

09 (Rev. 12-2002)

Feb/06