


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 16, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # L52386**  
 1. Entity Name  
**ALEJANDRO LOYNAZ, M.D., P.A.**



Principal Place of Business 2601 S.W. 37 AVE. STE. 904 MIAMI, FL 33133 US	Mailing Address 2601 S.W. 37 AVE. STE. 904 MIAMI, FL 33133 US
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**DO NOT WRITE IN THIS SPACE**



01112007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0177346	Applied For Not Applicable
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5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
 BORRON, JORGE  
 3211 PONCE DE LEON BLVD  
 302  
 CORAL GABLES, FL 33134

**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 \_\_\_\_\_

**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 NAME STREET ADDRESS CITY-ST-ZIP	D LOYNAZ, ALEJANDRO, M.D. 2601 SW 37 AVE, STE 904 MIAMI, FL
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 02/27/07-80037-024 150.00

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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: Alejandro Loynaz, M.D.  305-774-0277  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #