


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 15, 2007 8:00 am
Secretary of State

02-23-2007 90029 047 ***150.00

DOCUMENT # M09601			
1. Entity Name MANUEL ALVAREZ-JACINTO, M.D. P.A.			
Principal Place of Business <i>Changed</i> 600 NW 35TH AVENUE SUITE 201 MIAMI, FL 33136		Mailing Address 600 NW 35TH AVENUE SUITE 201 MIAMI, FL 33125	
<i>351 N.W. 42nd Ave #404 Miami, FL 33125</i>		<i>Same as Principal Address</i>	
2. Principal Place of Business - No P.O. Box # 351 N.W. 42nd Ave		3. Mailing Address 351 N.W. 42nd Ave	
Suite, Apt. #, etc. #404		Suite, Apt. #, etc. #404	
City & State Miami, FL		City & State Miami, FL	
Zip 33126		Zip 33125	
Country USA		Country USA	
4. FEI Number 59-3477900		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 ALVAREZ-JACINTO, MANUEL 600 NW 35TH AVENUE SUITE 201 MIAMI, FL 33125		7. Name and Address of New Registered Agent Same Registered Agent	
<i>New Address</i>		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 <i>[Signature]</i>		MANUEL ALVAREZ-JACINTO, MD. 1-30-07	
Signature, typed or printed name of registered agent and title if applicable		(NOTE: Registered Agent signature required when amending) DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ALVAREZ-JACINTO, MANUEL 600 NW 35 AVENUE MIAMI, FL 33125 <i>Change of address</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Change</i> <input checked="" type="checkbox"/> <i>Addition</i> <input type="checkbox"/> <i>Same 351 N.W. 42nd Ave Suite #404, Miami, FL 33126</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M ALVAREZ-JACINTO, MARTA 5321 SW 87 AVE. MIAMI, FL 33165	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied in 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 and all other like empowered.			
SIGNATURE: <i>[Signature]</i>		1-30-07 305-445-3620	
Signature and typed or printed name of signing officer or director		Date Daytime Phone #	