


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006 08:00 AM
Secretary of State

DOCUMENT # M27560
 1. Entity Name
ISIDORO ZARCO, M.D., P.A.



Principal Place of Business Mailing Address
3230 WEST FLAGLER **3230 WEST FLAGLER**
MIAMI, FL 33135 **MIAMI, FL 33135**

DO NOT WRITE IN THIS SPACE



03242006 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For
59-2643269 Not Applicable

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

6. Name and Address of Current Registered Agent
LEOPOLD, NORMAN
16666 N.E. 19TH AVENUE
STE. 114
NORTH MIAMI BEACH, FL 33162

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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 re-registering)

FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing **\$5.00** May Be
After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ZARCO, ISIDORO 6420 NORTH BAY RD MIAMI BEACH, FL 33141
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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: Isidoro Zarco M.D. 3/28/06 (305) 443-3330
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #