## 2007 FOR PROFIT CORPORATION

## **FILED ANNUAL REPORT** Feb 09, 2007 08:00 AM DOCUMENT # M27560 Secretary of State 1. Entity Name ISIDÓRO ZARCO, M.D., P.A. Principal Place of Business Mailing Address 3230 WEST FLAGLER 3230 WEST FLAGLER MIAMI, FL 33135 MIAMI, FL 33135 01172007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2643269 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent LEOPOLD, NORMAN DO NOT WRITE 16666 N.E. 19TH AVENUE STE.114 IN THIS SPACE NORTH MIAMI BEACH, FL 33162 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 argnature required when reinstating) DATE 9. Election Campaign Financing FILE NOWIII FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ZARCO, ISIDORO NAME STREET ADDRESS 6420 NORTH BAY RD CITY-ST-ZIP MIAMI BEACH, FL 33141 TITLE NAME STREET ADORESS CITY-ST-7IP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP

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 tryatee 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 ay address, with all other like empowered.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS