


**2007 FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2007 08:00 A
Secretary of State

DOCUMENT # M37805 1. Entity Name ABATE MEDICAL EMERGENCIES NOW, INC.	
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Principal Place of Business 8300 W FLAGLER #175 MIAMI, FL 33144	Mailing Address 8300 W FLAGLER #175 MIAMI, FL 33144
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DO NOT WRITE IN THIS SPACE

01052007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2718514	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

LORA, FERNANDO
7200 S.W. 146TH TERR
MIAMI, FL 33158

**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 _____ 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, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT LORA, FERNANDO 7200 S.W. 146TH TERR MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LORA, NEREIDA P 7200 S.W. 146TH TERR MIAMI, FL
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05/09/07-80058-014 150.00

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: Fernando Lora M.D. Fernando Lora M.D.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #