


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2008 8:00 am
Secretary of State

04-17-2008 90037 032 ***158.75

DOCUMENT # M77652 1. Entity Name MEDICAL PROFESSIONALS OF MIAMI, INC.					
Principal Place of Business 600 WEST 20 STX HIALEAH, FL 33010 US			Mailing Address 760 PONCE DE LEON BLVD CORAL GABLES, FL 33134 US		
2. Principal Place of Business - No P.O. Box # 760 Ponce De Leon Blvd.		3. Mailing Address Suite, Apt. #, etc.			
City & State Coral Gables, FL		City & State			
Zip 33134	Country	Zip	Country		
6. Name and Address of Current Registered Agent BRACERAS, WILFRED 600 W. 20TH STREET HIALEAH, FL 33010			7. Name and Address of New Registered Agent Name Braceras, Wilfred Street Address (P.O. Box Number is Not Acceptable) 760 Ponce De Leon Blvd. City Coral Gables FL Zip Code 33134		
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 <u>Wilfred Braceras, Pres & CEO</u> DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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	PSTD <input type="checkbox"/> Delete BRACERAS, WILFRED 600 W 20TH ST HIALEAH, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Braceras, Wilfred 760 Ponce De Leon Blvd. Coral Gables, FL 33134	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		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	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>Wilfred Braceras</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<u>Wilfred Braceras, Pres & CEO</u> <u>04/14/08</u> <small>Date Daytime Phone #</small>		