

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000013457

1. Entity Name
EDUARDO MONTILLA, M.D., P.A.



Principal Place of Business
**1435 WEST 49TH PLACE
SUITE 201
HIALEAH, FL 33012**

Mailing Address
**1435 WEST 49TH PLACE
SUITE 201
HIALEAH, FL 33012**

FILED
06 NOV 20 PM 4: 15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04092006 No Chg-P CR2E034 (11/05) *06*

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4. FEI Number **65-0998127** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

**EDUARDO
MONTILLA, EDUARDO MD
1435 W. 49TH PLACE
SUITE 201
HIALEAH, FL 33012**

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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 reinstating)

**FILE NOW!!! FEE IS \$150.00 ✓
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PSTD
NAME	MONTILLA, EDUARDO MD
STREET ADDRESS	1435 WEST 49TH PLACE SUITE 201
CITY-ST-ZIP	HIALEAH, FL 33012
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000081960400
11/20/06--01074--009 **550.00

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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: *E. Montilla MD, PA* Date: *11/15/06*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR