

APR 30 2007 1:55PM

No.8085 P. 2

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007 08:00 AM
Secretary of State

DOCUMENT # P00000070509	
1. Entity Name CESAR M. PELLERANO, M.D., P.A.	

Principal Place of Business 2999 NE 191ST STREET #200 AVENTURA, FL 33180	Mailing Address 2999 NE 191ST STREET #200 AVENTURA, FL 33180
--	--



04302007 No Chg-P CR2E034 (11/05)

4. FEI Number 66-0009340	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent HALLER, KENNETH M 12515 N. KENDALL DRIVE #314 MIAMI, FL 33186

**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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

**FILE NOW!!! FEE IS \$180.00
After May 1, 2007 Fee will be \$660.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PELLERANO, CESAR M MD 2999 NE 191ST STREET #200 AVENTURA, FL 33180
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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U000000755952
05/23/07-80010-011 150.00

**DO NOT WRITE
IN THIS SPACE**

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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/07 (305)933-8277
Date Daytime Phone #