2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000009894

1. Entity Name

ANGÉLIQUE HART, M.D., P.A.



Principal Place of Business

1 SOUTH DRIVE MIAMI SPRINGS, FL 33166 Mailing Address

4302 ALTON ROAD, SUITE 530 MIAMI BEACH, FL 33140

FILED Apr 18, 2007 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04052007	No Chg-P	CR2E034 (11/05)

4. FEI Number		Applied For
65-1071660		Not Applicable
5. Certificate of Status Desired		\$8.75 Additional

Daytime Phone #

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, PA 1840 CORAL WAY 4TH FLOOR MIAMI, FL 33145

DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the prions of registered agent.	urpose of changing its registered	d office or r	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE	Signature, typed or printed name of registered agent and little if	applicable (NOTE Registered	Agent signature	required when reinstating)	DATE
FIL After Ma	E NOW!!! FEE IS \$150.00 my 1, 2007 Fee will be \$550.00	Election Campaign Financ Trust Fund Contribution	ing	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	TORS	•		
THEE NAME STREET ADDRESS CITY ST ZIP	DPST HART, ANGELIQUE 1 SOUTH DRIVE MIAMI SPRINGS, FL 33166				
HILE NAME SIRLET ADDRESS CHY ST ZIP					
TITLE NAME STREET ADDRESS CHY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CHY-ST-ZIP				IN	THIS SPACE
TITLE NAME STREET ADDRESS - CITY - ST-ZIP					U00000714304 04/27/07-80018-013 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
12. I hereby of indicated of the corphanged,	ceruly that the information supplied with this fill on this report or supplemental report is true all poration or the receiver or trustee empowered or on an attachment with an address, with all	ing does not qualify for the exer nd accurate and that my signatu to execute this report as require other like empowered.	nptions cor re shall hav d by Chap	ntained in Chapter 11 ve the same legal effe ter 607, Florida Statut	9. Florida Statutes. I further certify that the information of as if made under oath; that I am an officer or director es; and that my name appears in Block 10 or Block 11 if