

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000017132

Entity Name: FELIX E. GUZMAN, MD, P.A.

FILED
Mar 01, 2007
Secretary of State

Current Principal Place of Business:

7000 SW 97TH AVENUE
SUITE 121
MIAMI, FL 33173 US

Current Mailing Address:

7000 SW 97TH AVENUE
SUITE 121
MIAMI, FL 33173 US

FEI Number: 65-1074869

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

New Principal Place of Business:

12600 SW 120 STREET
SUITE 105
MIAMI, FL 33186 US

New Mailing Address:

12600 SW 120 STREET
SUITE 105
MIAMI, FL 33186 US

Name and Address of Current Registered Agent:

SMITH, JOSE E
130 MINORA AVE
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: GUZMAN, FELIX E MD
Address: 7000 SW 97TH AVENUE SUITE 121
City-St-Zip: MIAMI, FL 33173

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: GUZMAN, FELIX E MD
Address: 12600 SW 120 STREET, SUITE 105
City-St-Zip: MIAMI, FL 33186

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FELIX E GUZMAN

D

03/01/2007

_____ Electronic Signature of Signing Officer or Director

_____ Date