


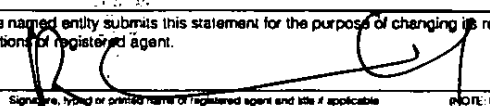
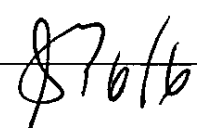
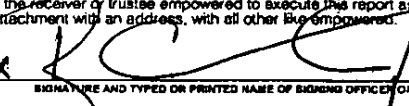
2007 FOR PROFIT CORPORATION ANNUAL REPORT

5/1/2007-90038-011-\$158.75-\$158.75

FILED

2007 JUN -6 PM 2:39

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P01000024238			
1. Entity Name RICHARD CUELLO M.D. P.A.			
Principal Place of Business 1331 BRICKELL BAY DR 2405 MIAMI, FL 33131-2665		Mailing Address 1331 BRICKELL BAY DR 2405 MIAMI, FL 33131-2665	
2. Principal Place of Business - No P.O. Box # 888 BRICKELL KEY DRIVE		3. Mailing Address 888 BRICKELL KEY DRIVE	
Suite, Apt. #, etc. APT # 3012		Suite, Apt. #, etc. APT # 3012	
City & State MIAMI, FL		City & State MIAMI, FL 33131	
Zip 33131	Country US	Zip 33131	Country US
4. FEI Number 65-1101882		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		04252007 Chg-P CR2E034 (12/06)	
6. Name and Address of Current Registered Agent DADE CORPORATE SERVICES, INC. 2300 CORAL WAY SUITE 103 MIAMI, FL 33145		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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	
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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	D CUELLO, RICHARD <input type="checkbox"/> Delete 1331 BRICKELL BAY DR APT 2405 MIAMI, FL 331312665	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CUELLO, RICHARD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 888 BRICKELL KEY DRIVE APT# 3012 MIAMI, FL 33131
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
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
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
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 employment.			
SIGNATURE: X 		Date	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	