## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P01000040388

15480SW 26 TERRACE

MIAMI, FL 33185

Address:

City-St-Zip:

**FILED** Feb 05, 2007 Secretary of State

Entity Name: AMARILIS Y. VAZQUEZ, M.D., P.A. **Current Principal Place of Business: New Principal Place of Business:** 15480SW 26 TERRACE MIAMI, FL 33185 **Current Mailing Address: New Mailing Address:** 15480SW 26 TERRACE MIAMI, FL 33185 FEI Number: 65-1115900 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: VAZQUEZ, AMARILIS Y M.D. 15480SW 26 TERRACE MIAMI, FL 33185 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: PSTD ( ) Delete Title: (X) Change ( ) Addition VAZQUEZ, AMARILIS Y VAZQUEZ, AMARILIS Y Name: Name: 15480SW 26 TERRACE 15480SW 26 TERRACE Address: Address: City-St-Zip: MIAMI, FL 33185 City-St-Zip: MIAMI, FL 33185 Title: VΡ Title: () Change () Addition () Delete Name: VAZQUEZ, ANDRES Name:

Address:

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutés. 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.

Ρ SIGNATURE: AMARILIS VAZQUEZ MD 02/05/2007