

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 26, 2007 08:00 AM
Secretary of State

DOCUMENT # P01000041506



1. Entity Name
PETER G. LINDO M.D., P.A.

Principal Place of Business
**4101 NW 4TH STREET - 409
FORT LAUDERDALE FL 33312**

Mailing Address
**4101 NW 4TH STREET - 409
FORT LAUDERDALE FL 33312**



2. Principal Place of Business - No P.O. Box #

4101 NW 4TH STREET

Suite, Apt. #, etc.
409

3. Mailing Address

4101 NW 4TH STREET

Suite, Apt. #, etc.
409

1st MOORE

CR2E034 (10/06)

City & State
PLANTATION FL

City & State
PLANTATION FL

4. FEI Number **65-1095274**

Applied For
Not Applicable

Zip
33317

Country
USA

Zip
33317

Country
USA

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORPORATE CREATIONS NETWORK INC.
941 FOURTH STREET #200
MIAMI BEACH FL 33139**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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
**P
LINDO, PETER G
12261 NW 12TH ST.
PLANTATION FL 33323** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

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CITY - ST - ZIP
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition
**U00000647997
03/06/07-80094-021 158.75**

TITLE
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

PETER G. LINDO M.D.

2/21/07

(954) 916-8650

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone