

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 09, 2007 8:00 am**  
**Secretary of State**

02-09-2007 90030 046 \*\*\*150.00

**DOCUMENT # P01000056748**

1. Entity Name  
**LOURDES NUNEZ MD, PA.**



Principal Place of Business  
**20601 OLD CUTLER RD  
SUITE 201  
MIAMI, FL 33189**

Mailing Address  
**PO BOX 770635  
MIAMI, FL 33177**

4001000



2. Principal Place of Business - No P.O. Box #  
**12002 SW 128th Ct**

3. Mailing Address  
**12002 SW 128th Ct.**

Suite, Apt. #, etc.  
**210**

Suite, Apt. #, etc.  
**210**

01282007 Chg-P CR2E034 (12/06)

City & State  
**MIAMI FL**

City & State  
**MIAMI FL**

4. FEI Number  
**65-1111160**

Applied For  
Not Applicable

Zip  
**33186**

Country  
**USA**

Zip  
**33186**

Country  
**USA**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

## 6. Name and Address of Current Registered Agent

**NUNEZ, LOURDES  
20601 OLD CUTLER RD  
SUITE 201  
MIAMI, FL 33189**

## 7. Name and Address of New Registered Agent

Name  
**NUNEZ, LOURDES**


Street Address (P.O. Box Number is Not Acceptable)  
**16900 SW 162 AVE**

City  
**MIAMI**

FL

Zip Code  
**33187**

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  **LOURDES NUNEZ MD**

DATE  
**2/4/07**

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**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

## 10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete  
NAME **NUNEZ, LOURDES**  
STREET ADDRESS **16900 SW 162 AVENUE**  
CITY-ST-ZIP **MIAMI, FL 33187**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 empowered.

SIGNATURE:  **LOURDES NUNEZ MD**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE  
**2/4/07**

DAYTIME PHONE #  
**305-234-8321**

DATE

DAYTIME PHONE #