

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000065852

FILED
Apr 10, 2007
Secretary of State

Entity Name: ALVARO J. OCAMPO M.D., P.A.

Current Principal Place of Business:

735 NW 22 AVENUE
SUITE B
MIAMI, FL 33125 US

Current Mailing Address:

735 NW 22 AVENUE
SUITE B
MIAMI, FL 33125 US

New Principal Place of Business:

770 PONCE DE LEON
101
CORAL GABLES, FL 33134 US

New Mailing Address:

770 PONCE DE LEON
101
CORAL GABLES, FL 33134 US

FEI Number: 65-1125467

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

IGLESIAS, MANUEL E ESQ.
735 NW 22 AVENUE
SUITE B
MIAMI, FL 33125 US

Name and Address of New Registered Agent:

OCAMPO, ALVARO J
770 PONCE DE LEON
101
CORAL GABLES, FL 33134 US

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: ALVARO OCAMPO

04/10/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: OCAMPO, ALVARO J
Address: 5961 SW 81 STREET
City-St-Zip: MIAMI, FL 33143 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change () Addition
Name: OCAMPO, ALVARO J
Address: 5961 SW 81 STREET
City-St-Zip: MIAMI, FL 33143 US

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: ALVARO OCAMPO

PD

04/10/2007

Electronic Signature of Signing Officer or Director

Date