

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90821 040 ***150.00

DOCUMENT # P01000067047

1. Entity Name
ANGEL L. CUESTA, D.P.M., P.A.



Principal Place of Business
**701 NORTHWEST 57TH AVENUE
SUITE 320
MIAMI, FL 33126-2072**

Mailing Address
**701 NORTHWEST 57TH AVENUE
SUITE 320
MIAMI, FL 33126-2072**

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03062007

Chg-P

CR2E034 (12/06)

4. FEI Number

65-1122111

Applied For

Not Applicable

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

**CUESTA, ANGEL L DPM
701 NORTHWEST 57TH AVENUE
SUITE 320
MIAMI, FL 33126-2072**

Name **Cuesta, Angel L. D.P.M.**

Street Address (P.O. Box Number is Not Acceptable)

6831 NW 11th PL

Suite 3

City **Gainesville**

FL

Zip Code **32605**

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.

Angel L. Cuesta

(NOTE: Registered Agent signature required when reinstating)

4/27/07

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 **D** ☐ Delete
NAME **CUESTA, ANGEL L DPM**
STREET ADDRESS **701 NORTHWEST 57TH AVENUE SUITE 320**
CITY-ST-ZIP **MIAMI, FL 331262072**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
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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 **D** ☒ Change ☐ Addition
NAME **CUESTA, Angel L. D.P.M.**
STREET ADDRESS **6831 NW 11th PL Suite 3**
CITY-ST-ZIP **Gainesville, FL 32605**

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

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Angel L. Cuesta

4/27/07

DATE

Daytime Phone #

352-331-3077