2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P010000830471. Entity Name

DR. FERNANDO ESPARZA M.D. P.A.



FILED Feb 08, 2007 08:00 Al Secretary of State

Principal Place of Business

2452 SW 138 COURT MIAMI, FL 33175 Mailing Address

2452 SW 138 COURT MIAMI, FL 33175

DO NOT WRITE IN THIS SPACE

01292007 No Chg-P CF

CR2E034 (11/05)

4. FEI Number 65-1133290

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ESPARZA, FERNANDO 2452 SW 138 COURT MIAMI, FL 33175

DO NOT WRITE IN THIS SPACE

	ar.
The above named entity submits this statement for the purpose of changing its registere the obligations of registered agent.	ed office or registered agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE Signature: typed or printed name of registered agent and utle if applicable. (NOTE: Registered	a Agent signature required when reinstating)
FILE NOW!!! FEE IS \$150.00 9. Election Campaign Finan Trust Fund Contribution.	cing \$5.00 May Be
10. OFFICERS AND DIRECTORS TITLE PSTD ESPARZA, FERNANDO STREET ADDRESS 2452 SW 138 COURT CITY-ST-ZIP MIAMI, FL 33175	U00000626772 02/15/07-80035-017 150.00
TITLE NAME STREET ADDRESS - CITY-S1-ZIP	02/13/01~00033~011 130.00
TITLE NAME STREET ADDRESS CITY-ST-2IP	DO NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	IN THIS SPACE
TITLE NAME STREE! ADDRESS CITY-ST- ZIP	
NAME STREET ADDRESS CITY-ST-ZIP	

12. Thereby 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/5/07 (301)461461-