

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 21, 2007 8:00 am
Secretary of State

01-29-2007 90073 024 ***150.00

DOCUMENT # P01000084940

1. Entity Name
M. SALGADO MD, P.A.



Principal Place of Business
**5200 SW 8TH STREET SUITE 207B
CORAL GABLES, FL 33134**

Mailing Address
**5200 SW 8TH STREET SUITE 207B
CORAL GABLES, FL 33134**

66002387



01152007 No Chg-P CR2E034 (11/05)

4. FEI Number
65-1133395

Applied For
Not Applicable

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

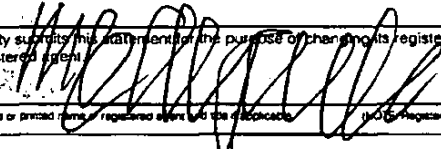
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6. Name and Address of Current Registered Agent

**SALGADO, MARIO MD
5200 SW 8 STREET
SUITE 207-B
CORAL GABLES, FL 33134**

**DO NOT WRITE
IN THIS SPACE**

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:  **1/22/07**
Signature, typed or printed name of registered agent and the date of signature. (If a Registered Agent signature required when naming agent) 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
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
SALGADO, MARIO MD
5200 SE 8 STREET STE 207-B
CORAL GABLES, FL 33134**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

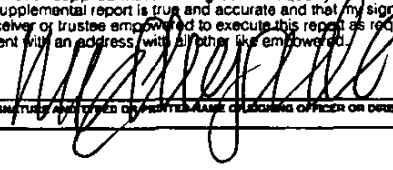
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CITY - ST - ZIP

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IN THIS SPACE**

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:  **2/14/07 (305) 446-6969**
Signature, typed or printed name of signing officer or director Date Daytime Phone #