

## **2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P01000085114

Entity Name: JUAN G. CAMAYD, M.D., P.A.

**FILED**  
**Dec 02, 2007**  
**Secretary of State**

### **Current Principal Place of Business:**

15963 SW 97 TERRACE  
MIAMI, FL 33196 US

### **New Principal Place of Business:**

11865 CORAL WAY  
J9-1  
MIAMI, FL 33175 US

### **Current Mailing Address:**

15963 SW 97 TERRACE  
MIAMI, FL 33196 US

### **New Mailing Address:**

FEI Number: 65-1133864      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

### **Name and Address of Current Registered Agent:**

CAMAYD, JUAN G  
15963 SW 97 TERRACE  
MIAMI, FL 33196 US

### **Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

### **OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: CAMAYD, JUAN G  
Address: 15963 SW 97 TERRACE  
City-St-Zip: MIAMI, FL 33196

### **ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: JUAN G CAMAYD

DR

12/02/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date