


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 19, 2008 8:00 am**  
**Secretary of State**

03-19-2008 90017 006 \*\*\*150.00

<b>DOCUMENT # P01000119783</b>	
1. Entity Name <b>MELINDA RULLAN, M.D., P.A.</b>	

Principal Place of Business <b>300 SEVILLA AVE STE 215 CORAL GABLES, FL 33134</b>	Mailing Address <b>300 SEVILLA AVE STE 215 CORAL GABLES, FL 33134</b>
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40048721



2. Principal Place of Business - No P.O. Box # <b>264 ALMERIA AVENUE</b>	3. Mailing Address <b>264 ALMERIA AVENUE</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State <b>CORAL GABLES, FL</b>	City & State <b>CORAL GABLES, FL</b>
Zip <b>33134</b>	Country

01312008 Chg-P CR2E034 (12/06)

4. FEI Number <b>65-1158690</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>BAKER, RONALD G 2655 LE JEUNE RD STE 201 CORAL GABLES, FL 33134</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D RULLAN, MELINDA 300 SEVILLA AVE STE 215 CORAL GABLES, FL 33134</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D RULLAN, MELINDA 264 ALMERIA AVENUE CORAL GABLES, FL 33134</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/29/08 305 498 9691