


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2007 8:00 am**  
**Secretary of State**

05-02-2007 90046 026 \*\*\*150.00

<b>DOCUMENT # P01000119865</b>	
1. Entity Name <b>YAMILE B. PORRO, M.D., P.A.</b>	

Principal Place of Business <b>1011 9TH STREET APT. 1 MIAMI BEACH, FL 33139</b>	Mailing Address <b>1011 9TH STREET APT. 1 MIAMI BEACH, FL 33139</b>
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2. Principal Place of Business - No P.O. Box # <b>882 W 79th St</b>	3. Mailing Address <b>2725 W. 66th St.S-13</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>Hialeah, Fl. 33014</b>	City & State <b>Hialeah, Fl.</b>
Zip <b>33014</b>	Country <b>USA</b>
Zip <b>33016</b>	Country <b>USA</b>

900000



04082007 Chg-P CR2E034 (12/06)

4. FEI Number <b>65-1159589</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent <b>PORRO, YAMILE B 1011 9TH STREET APT. 1 MIAMI BEACH, FL 33139</b>	
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7. Name and Address of New Registered Agent	
Name <b>Same</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>882 W 79th St</b>	
City <b>Hialeah, Fl 33014</b>	FL Zip Code <b>33014</b>

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	(NOTE: Registered Agent signature required when reinstating)	DATE
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<b>FILE NOW!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P PORRO, YAMILE B 1011 9TH STREET #1 MIAMI BEACH, FL 33139</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T BASSOLS, YAMILDA 1011 9TH STREET #1 MIAMI BEACH, FL 33139</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Same Same 882 W 79th St Hialeah, Fl. 33014</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Same Same 882 W 78th St Hialeah, Fl 33014</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition

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.

<b>SIGNATURE:</b> 	<b>4/16/07</b>	<b>786 487 2483</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #