

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000022331

FILED
Apr 30, 2007
Secretary of State

Entity Name: LLOPIZ MEDICAL PRACTICE CORP.

Current Principal Place of Business:

330 SW 27 AVE.
603
MIAMI, FL 33135 US

New Principal Place of Business:

Current Mailing Address:

330 SW 27 AVE
603
MIAMI, FL 33135 US

New Mailing Address:

FEI Number: 02-0567639 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LLOPIZ, MARIA T
9369 SW 98 PL
MIAMI, FL 33176 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSD () Delete
Name: LLOPIZ, MARIA T
Address: 9369 SW 98 PL
City-St-Zip: MIAMI, FL 33176

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: MARIA T LLOPIZ

P

04/30/2007

Electronic Signature of Signing Officer or Director

Date