

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000027570

Entity Name: J. J. NUNEZ, M.D., P.A.

FILED  
May 01, 2007  
Secretary of State

**Current Principal Place of Business:**

P.O. BOX 310235  
MIAMI, FL 33231 US

**New Principal Place of Business:**

9066 SW 73 CT # 505  
MIAMI, FL 33156 US

**Current Mailing Address:**

P.O. BOX 310235  
MIAMI, FL 33231 US

**New Mailing Address:**

FEI Number: 03-0418362      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

NUNEZ, DAVID A J.D.  
141 CRANDON BLVD. APT. 235  
MIAMI, FL 33149 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  
Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: NUNEZ, JULIO J M.D.  
Address: 141 CRANDON BLVD. APT # 235  
City-St-Zip: KEY BISCAWAYNE, FL 33149 US

Title: S ( ) Delete  
Name: NUNEZ, DAVID A J.D.  
Address: 141 CRANDON BLVD. APT # 235  
City-St-Zip: KEY BISCAWAYNE, FL 33149 US

Title: T ( ) Delete  
Name: NUNEZ, JULIO J M.D.  
Address: 141 CRANDON BLVD. APT. # 235  
City-St-Zip: KEY BISCAWAYNE, FL 33149 US

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

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

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

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: JULIO J NUNEZ MD

PD

05/01/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date