

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 23, 2007 8:00 am
Secretary of State

07-23-2007 90038 028 ***150.00

DOCUMENT # P02000050179

1. Entity Name
M & L MEDICAL INSTITUTE INC



Principal Place of Business
7902 NW 36 ST.
#202
MIAMI, FL 33166

Mailing Address
7902 NW 36 ST.
#202
MIAMI, FL 33166

40126473



DO NOT WRITE IN THIS SPACE

07172007 No Chg-P CR2E034 (11/05)

4. FEI Number
03-0437642

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

VALES, MARTHA
8735 NW 149 TERRACE
MIAMI LAKES, FL, FL 33018

**DO NOT WRITE
IN THIS SPACE**

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

7/17/07

**FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P RAMIREZ, LUIS 7902 NW 36 ST., STE. 202 MIAMI, FL 33166
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**DO NOT WRITE
IN THIS SPACE**

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

7/17/07

305 593-0054