

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000054049

FILED  
Apr 29, 2007  
Secretary of State

Entity Name: JUAN CARLOS ABREU, M.D., P.A.

**Current Principal Place of Business:**

6365 COLLINS AVE  
4408  
MIAMI BEACH, FL 33141 US

**New Principal Place of Business:**

**Current Mailing Address:**

6365 COLLINS AVENUE  
4408  
MIAMI BEACH, FL 33141 US

**New Mailing Address:**

FEI Number: 20-0228692      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

ABREU, JUAN C  
6365 COLLINS AVENUE  
4408  
MIAMI BEACH, FL 33141 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: D ( ) Delete  
Name: ABREU, JUAN C  
Address: 6365 COLLINS AVENUE APT 4408  
City-St-Zip: MIAMI BEACH, FL 33141

**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: JUAN CARLOS ABREU

D

04/29/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date