


2007 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-23-2007 90284 027 ***150.00

DOCUMENT # P02000060932

1. Entity Name
 PEDRO J. ARROYO, M.D., P.A.



Principal Place of Business Mailing Address

1061 MEDICAL CENTER DR 1061 MEDICAL CENTER DR
 STE 203 STE 203
 ORANGE CITY, FL 32763 ORANGE CITY, FL 32763

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

1440 Arroyo Vista Drive PO Box 740130

Suite, Apt. #, etc. Suite, Apt. #, etc.


City & State City & State

DeLAND, FL Orange City, FL

Zip Country Zip Country

32724 US 32774 US

40078598



02232007 Chg-P CR2E034 (12/06)

4. FEI Number Applied For

04-3687182 Not Applicable

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

6. Name and Address of Current Registered Agent

ARROYO, PEDRO J
 1440 ARROYO VISTA DRIVE
 DELAND, FL 32724

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

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 _____

Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

| | | |
|----------------|-------------------------|---------------------------------|
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | ARROYO, PEDRO J | |
| STREET ADDRESS | 1440 ARROYO VISTA DRIVE | |
| CITY-ST-ZIP | DELAND, FL 32724 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
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| STREET ADDRESS | | |
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| TITLE | | <input type="checkbox"/> Delete |
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| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|--|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

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:  PEDRO ARROYO Date: 4/16/7 Daytime Phone #: 386-804-2073

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR