2007 FOR PROFIT CORPORATION ANNUAL REPORT

and the second

FILED Feb 01, 2007 08:00 AM Secretary of State

DOCUMENT # P02000065056 1. Entity Name MANUEL A. OJEDA, MD, P.A.				Secretary of Stat			
Principal Place of Business Mailing Address 6039 COLLINS AVE. #311 6039 COLLINS AVE. #31		Mailing Address 6039 COLLINS AVE. #311					
		MIAMI BEACH, FL 33140		i I I ribonesiii	(C 89118 11811 98161 88111 9897	I REII E ESSEL BIIS BEII	II 81111 11111111 N 1831
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DO NOT WRITE IN THIS SPACE				4. FEI Numb 01-072			Applied For Not Applicable
			5. Certificate	e of Status Desired		75 Additional Required	
	6. Name and Address of Current Re			ر ماره این		ega, jede nei jed Jedanski rijaca (Sa	s 1886 godina Podina godina. Podina son se bendandara
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1428 SW 124 PL MIAMI, FL 33184							
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	enamed entity submits this statement for t tions of registered agent.	he purpose of changing its register	ed office or register	ed agent, or bo	th, in the State of Flor	rida. Lam familia	ar with, and accept
SIGNATURE.							
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent argnature req				when reinstating)		DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Finance Trust Fund Contribution.			L.l Add	.00 May Be ed to Fees			
10.	OFFICERS AND DI	RECTORS		A CONTRACTOR DO	ka di makan dalah selah sel Manan mengan dalah selah selah	1,000 to 500 in the Broad March 1967.	District the reduction of the second residence
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NAME	JIMENEZ, ALEXANDRA						
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CITY-ST-ZIP	}	/ 1	N. Abstract A. 219	e generalista (proprieta). O Sala de Carte de Carte			

12. I hereby certify that the information supplied with his filing doct not qualify of the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report of supplemental report is frue 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 approvered to execute his protect as equired by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attaching my high and doctors. With all enterties an appear of the chapter 607, Florida Statutes and that my name appears in Block 10 or Block 11 if

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JIMEN Z

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1/29/07

Daytime Phone #