2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2008 08:00 AM
Secretary of State

DOCUMENT # P02000065056

1. Entity Name
MANUEL A. OJEDA, MD, P.A.

Principal Place of Business
6039 COLLINS AVE. #311
MIAMI BEACH, FL 33140

Mailing Address
6039 COLLINS AVE. #311
MIAMI BEACH, FL 33140

01152008 Chg-P CR2E034 (12/06)

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip | Country

Zip | Country

4. FEI Number
01-0720868
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

HEREDIA, JORGE D CPA
1428 SW 124 PL
MIAMI, FL 33184

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PD	☐ Delete
NAME	OJEDA, MANUEL A MD	
STREET ADDRESS	6039 COLLINS AVE. #311	
CITY-ST-ZIP	MIAMI BEACH, FL 33140	
TITLE	SD	☐ Delete
NAME	JIMENEZ, ALEXANDRA	
STREET ADDRESS	6039 COLLINS AVE. #311	
CITY-ST-ZIP	MIAMI BEACH, FL 33140	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	000000806282	☐ Change ☐ Addition
NAME	02/06/08-80035-019 150.00	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ 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: _____ 1/28/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

SECRETARY
ALEJANDRA JIMENEZ