

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 18, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # P02000082386**

1. Entity Name  
**GERMAN MONTOYA, M.D., P.A.**



Principal Place of Business  
**532 VIRGINIA DR  
ORLANDO, FL 32803**

Mailing Address  
**532 VIRGINIA DR  
ORLANDO, FL 32803**



04062008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>01-0728001</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

**MONTOYA, M.D., GERMAN  
532 VIRGINIA DR  
ORLANDO, FL 32803**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) 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 NAME STREET ADDRESS CITY- ST- ZIP	DPST MONTOYA, M.D., GERMAN 532 VIRGINIA DR ORLANDO, FL 32803
--	---

TITLE NAME STREET ADDRESS CITY- ST- ZIP	
--	--

TITLE NAME STREET ADDRESS CITY- ST- ZIP	
--	--

TITLE NAME STREET ADDRESS CITY- ST- ZIP	
--	--

TITLE NAME STREET ADDRESS CITY- ST- ZIP	
--	--

TITLE NAME STREET ADDRESS CITY- ST- ZIP	
--	--

**DO NOT WRITE  
IN THIS SPACE**

000000906351  
05/02/08-80018-025 150.00

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:** GMONTA 4/508 407 898 2830  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #