2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000085659

City-St-Zip: MIAMI BEACH, FL 33140

Entity Name: PATRICIA BRAVO, M.D., P.A.

FILED Apr 25, 2008 Secretary of State

Current F	Principal Plac	e of Business:	New Principal Place of	New Principal Place of Business:	
2555 COLLINS AVE #812 MIAMI BEACH, FL 33140			SUITE 417	1065 NE 125TH STREET SUITE 417 NORTH MIAMI, FL 33161	
Current I	Mailing Addre	ss:	New Mailing Address:	New Mailing Address:	
812	LLINS AVE EACH, FL 3314	0	2555 COLLINS AVE APT# 812 MIAMI BEACH, FL 33140)	
FEI Numbe	r: 52-2370687	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name an	d Address of	Current Registered Agent:	Name and Address of N	Name and Address of New Registered Agent:	
2555 CÓI 812	PATRICIA LLINS AVE EACH, FL 3314	0 US			
	e named entity te of Florida.	submits this statement for the	purpose of changing its registered o	ffice or registered agent, or both,	
SIGNATL	JRE:				
	Electro	nic Signature of Registered Ag	gent	Date	
Election Ca	ampaign Financir	g Trust Fund Contribution ().			
OFFICER	RS AND DIREC	TORS:	ADDITIONS/CHANGES	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address:	D (BRAVO, PATR 2555 COLLINS		Title: () Name: Address:	Change () Addition	

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: PATRICIA BRAVO MD 04/25/2008