## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT # P03000009508**

1. Entity Name
HERNANDEZ PROFESSIONAL MEDICAL SERVICES CORP.



**FILED** Jan 08, 2007 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

	01032007 No Chg-P CR2E034 (11/05)					
DO NOT WRITE IN THIS SPAC			4. FEI Number 06-1680895			Applied For Not Applicable \$8.75 Additional
			5. Certificate	of Status Desired		Fee Required
EZ, MIGUEL M.D. 7. 60 ST.	DO NOT WRITE IN THIS SPACE					
ons of registered agent.				th, in the State of Flo		familiar with, and accept
Signature, typed or printed name of registered agent and sti	e if applicable. (NOTE: Registere	uper eruterige InsgA b	red when reastating)		DATE	
	Election Campaign Finar     Trust Fund Contribution.					
	CTORS					
MONTOYA, KARLA 15649 SW 60 ST. MIAMI, FL 33193				U0000	)57816	2
HERNANDEZ, MIGUEL M.D. 15649 SW 60 ST. MIAMI, FL 33193				01/09/07	-80015	H-013 150,00
			DO	NOT W	RITE	<b>=</b>
			IN:	THIS SP	ACE	
	8. Name and Address of Current Register.  8. Name and Address of Current Register.  9. A 60 ST. 33193  Inamed entity submits this statement for the cons of registered agent.  Somewe, typed or prined reme of registered agent and tall agent.  Somewe, typed or prined reme of registered agent and tall agent.  OFFICERS AND DIRE  P  MONTOYA, KARLA 15649 SW 60 ST. MIAMI, FL 33193  VP  HERNANDEZ, MIGUEL M.D. 15649 SW 60 ST. MIAMI, FL 33193	B. Name and Address of Current Registered Agent  BEZ, MIGUEL M.D.  60 ST.  33193  Repeated agent.  B. Rection Campaign Finar Trust Fund Contribution.  OFFICERS AND DIRECTORS  P. MONTOYA, KARLA 15649 SW 60 ST.  MIAMI, FL 33193  VP. HERNANDEZ, MIGUEL M.D. 15649 SW 60 ST.  MIAMI, FL 33193	S. Name and Address of Current Registered Agent  E.Z., MIGUEL M.D.  60 ST.  33193  E. NOWIII FEE IS \$150.00  ay 1, 2007 Fee will be \$530.00  OFFICERS AND DIRECTORS  P. MONTOYA, KARLA 15649 SW 60 ST. MIAMI, FL 33193  VP. HERNANDEZ, MIGUEL M.D. 15649 SW 60 ST. MIAMI, FL 33193  VP. HERNANDEZ, MIGUEL M.D. 15649 SW 60 ST. MIAMI, FL 33193	MAMI, FL 33193  O1032007  4. FEI Numb 06-168 5. Certificate 6. Name and Address of Current Registered Agent  DO 1.60 ST. 33193  IN :  Sognaus, hybrid or prised reme of registered agent.  E NOW!!! FEE IS \$150.00 by 1, 2007 Fee will be \$50.00  OFFICERS AND DIRECTORS  P MONTOYA, KARLA 15649 SW 60 ST. MIAMI, FL 33193  VP HERNANDEZ, MIGUEL M.D. 15849 SW 60 ST. MIAMI, FL 33193  DO IN :  DO IN	ONOT WRITE IN THIS SPACE  On NOT WRITE IN THIS SPACE  1. FEI Number 06-1680895  S. Certificate of Status Desired  ONOT WITHIS SPACE  ON NOT WITHIS SPACE  IN THIS SP  DO NOT WITHIS SPACE  IN THIS SP  Space 1. Against a primed and Address of Current Registered Agant  IN THIS SP  IN THIS SP  Space 1. Against a primed against and like if applicable.  NOTE: Registered Agant spaces required space and like if applicable.  OFFICERS AND DIRECTORS  P  MONTOYA, KARLA 16649 SW 60 ST.  MIAMI, FL 33193  VP  HERNANDEZ, MIGUEL M.D. 15849 SW 60 ST.  MIAMI, FL 33193  DO NOT W  1. FINITY SPACE  1. FEI Number 06-1680895  S. Certificate of Status Desired  IN THIS SP  4. FEI Number 06-1680895  S. Certificate of Status Desired  IN THIS SP  Space 1. FEI Number 106-1680895  S. Certificate of Status Desired  IN THIS SP  Space 1. FEI Number 106-1680895  S. Certificate of Status Desired  IN THIS SP  Space 1. FEI Number 106-1680895  S. Certificate of Status Desired  IN THIS SP  Space 1. FEI Number 106-1680895  S. Certificate of Status Desired  IN THIS SP  Space 1. FEI Number 106-1680895  S. Certificate of Status Desired  IN THIS SP  Space 1. FEI Number 106-1680895  S. Certificate of Status Desired  IN THIS SP  Space 1. FEI Number 106-1680895  S. Certificate of Status Desired  IN THIS SP  Space 1. FEI Number 106-1680895  S. Certificate of Status Desired  IN THIS SP  Space 1. FEI Number 106-1680895  S. Certificate of Status Desired  IN THIS SP  Space 1. FEI Number 106-1680895  S. 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indicated on this report or supplied with this filling does not quality for the exemptions contained in Chapter 119, Honda statutes, i numer centry that the information indicated on this report is strue 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 trusted 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:	Z	)/,	M.	50	10/	14	er	na	nde	5
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1-4-07 Daytone Phone # 305-5414004