2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000030692

MARIO R. PALOMINO M.D.P.A.



FILED Jan 17, 2007 08:00 AM **Secretary of State**

Principal Place of Business

Mailing Address

1043 SW 142ND PLACE MIAMI, FL 33184

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DO NOT WRITE IN THIS SPACE

01112007 No Chg-P CR2E034 (11/05)

4. FEI Number 06-1681044

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PALOMINO, MARIO R 1043 SW 142ND PLACE MIAMI, FL 33184

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		1					
	named entity submits this statement for the plions of registered agent.	surpose of changing its registere	d office or r	egistered agent, or b	oth, in the State of Florida, I am familiar with, and accept		
SIGNATURE.	Signature, typed or printed name of registered agent and title	f applicable. (NOTE: Registered	Agent signatur	e required when reinstating)	· DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		Election Campaign Finance Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS							
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PALOMINO, MARIO R 1043 SW 142ND PLACE MIAMI, FL 33184		Unnonsees43				
TITLE NAME STREET ADDRESS CITY-ST-ZIP		·			U00000589543 01/18/07-80020-011 150.00		
TITLE							

DO NOT WRITE IN THIS SPACE

STREET ADDRESS CITY-ST-ZIP STREET ADDRESS

12. I hereby certify that the information supplied with this filling 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:

STREET ADDRESS

CITY-ST-ZIP THLE

NAME

TITLE

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

ORE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #