

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 02, 2007 08:00 AM**  
**Secretary of State**

|                                             |                                                                                   |
|---------------------------------------------|-----------------------------------------------------------------------------------|
| DOCUMENT # P03000081801                     |  |
| 1. Entity Name<br>LUIS GUERRERO, M.D., P.A. |                                                                                   |

|                                                                        |                                                            |
|------------------------------------------------------------------------|------------------------------------------------------------|
| Principal Place of Business<br>8500 SW 92ND ST #201<br>MIAMI, FL 33186 | Mailing Address<br>8500 SW 92ND ST #201<br>MIAMI, FL 33186 |
|------------------------------------------------------------------------|------------------------------------------------------------|

**DO NOT WRITE IN THIS SPACE**



01172007 No Chg-P CR2E034 (11/05)

|                                                                                          |                                                        |
|------------------------------------------------------------------------------------------|--------------------------------------------------------|
| 4. FEI Number<br>12-1454223                                                              | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |                                                        |

|                                                                                                                                        |
|----------------------------------------------------------------------------------------------------------------------------------------|
| 6. Name and Address of Current Registered Agent<br><br>GERALD E CREASMAN CPA PA<br>10691 NORTH KENDALL DR<br>STE 312<br>MIAMI FL 33176 |
|----------------------------------------------------------------------------------------------------------------------------------------|

**DO NOT WRITE  
IN THIS SPACE**

8. The above signed 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 | DATE |
|-----------|------|

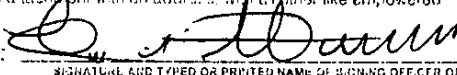
|                                                                       |                                                                                                                 |
|-----------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|
| FILE NOW!!! FEE IS \$150.00<br>After May 1, 2007 Fee will be \$550.00 | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|-----------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|

| 10. OFFICERS AND DIRECTORS                        |                                                                |
|---------------------------------------------------|----------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP | P<br>GUERRERO, LUIS<br>8500 SW 92ND ST #201<br>MIAMI, FL 33186 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP |                                                                |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP |                                                                |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP |                                                                |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP |                                                                |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP |                                                                |

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02/08/07-80015-001 150.00

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12. I hereby certify that the information submitted with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this annual 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 holder of a power of attorney 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 affidavit, with all other like empowered.

|                                                                                                |            |
|------------------------------------------------------------------------------------------------|------------|
| SIGNATURE:  | 01/31/2007 |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                             | Date       |