2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 02, 2007 08:00 Al Secretary of State

ANNUAL REPORT	
DOCUMENT # P03000086518	
1. Entity Name	ß

Principal Place of Business

JUAN R. CHOY, M.D.P.A.

9495 SW 36TH STREET MIAMI, FL 33165 Mailing Address

9495 SW 36TH STREET MIAMI, FL 33165



DO NOT WRITE IN THIS SPACE

01082007 No Chg-P CR2E034 (11/05)

4. FEI Number Apr

56-2387596

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CHOY, JUAN R 9495 SW 36TH STREET MIAMI, FL 33165

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 Signature, typed or printed name of registered agent and title ill applicable (NOTE: Registered Agent signature required when reinstating) DATE							
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Finance Trust Fund Contribution.			cing	\$5.00 May Be Added to Fees	U00000655109 03/13/07-80091-003 158.75		
10.	OFFICERS AND DIREC	TORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHOY, JUAN R 9495 SW 36TH STREET MIAMI, FL 33165				•		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			,				
TITLE NAME STREET ADDRESS CITY-ST-ZIP			and desirable party of				
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.							

NAME OF SIGNING OFFICER OR DIRECTOR