


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 17, 2008 8:00 am
Secretary of State

04-17-2008 90012 026 ***150.00

DOCUMENT # P03000095370
 1. Entity Name
MIGUEL RIVERA, M.D., P.A.



Principal Place of Business Mailing Address
652 BEACH ROAD **652 BEACH ROAD**
SARASOTA FL 34242 **SARASOTA FL 34242**

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
7204 Spoonflower Ct **7204 Spoonflower Ct**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Bradenton, FL **Bradenton, FL**
 Zip Country Zip Country
34202 **34202** **34202**

4. FEI Number Applied For
56-2404524 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**



1st MOORE CR2E034 (10/07)

6. Name and Address of Current Registered Agent
RIVERA, MIGUEL
652 BEACH ROAD
SARASOTA FL 34242

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
7204 Spoonflower Ct
 City State Zip Code
Bradenton **FL** **34202**

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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P <input type="checkbox"/> Delete
NAME	RIVERA, MIGUEL
STREET ADDRESS	652 BEACH RD.
CITY-ST-ZIP	SARASOTA FL 34242
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	7204 Spoonflower Ct
CITY-ST-ZIP	Bradenton, FL 34202
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Miguel Rivera 4/1/8 Date Daytime Phone #