2007 FOR PROFIT CORPORATION ANNUAL REPORT

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Jul 02, 2007 8:00 am
Secretary of State
05-16-2007 90016 019 ***150.00

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1. Entity Name
RICARDO A. SERRANO, M.D., P.A.

Principal Place of Business	Mailing Address
30 FORTENBERRY ROAD MERRITT ISLAND, FL 32953	30 FORTENBERRY ROAD MERRITT ISLAND, FL 32953

DO NOT WRITE IN THIS SPACE

04272007 No Chg-P CR2E034 (11/05)

4. FEI Number
81-0632031
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

LEONARD, L. GEORGE
1485 N. ATLANTIC AVE #102
COCOA BEACH, FL 32931

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	SERRANO, RICARDO A
STREET ADDRESS	30 FORTENBERRY ROAD
CITY-ST-ZIP	MERRITT ISLAND, FL 32953
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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.

SIGNATURE: _____ 06/5/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #