## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED** Jul 12, 2007 08:00 AM

1. Entity Nam	MENT # P0300015396 AMADOR M.D., P.A.	7			Secretary of Stat
112 ISOLA C	IRCLE 1	eiling Address 12 ISOLA CIRCLE OYAL PALM BEACH, FL 33411	-	***************************************	
D	O NOT WRITE II			07062007 4. FEI Numbe 54-213	
SPIEGEL ( 1840 SW 2 4TH FLOO MIAMI, FL	& UTRERA, P.A. 22ND ST. PR	west Agent	DO NOT WRITE IN THIS SPACE		
	named entity submits this statement for the priors of registered agent.  Signature, typed or printed name of registered agent and title	il applicable. (NOTE: Registered Agent sig	nature required v	then reinstaling)	h, in the State of Florida. I am familiar with, and accept
	LE NOW!!! FEE IS \$550.00 ue by September 14, 2007			00 May Be d to Fees	
10. Title Name Street address City-St-Zip	PSTD AMADOR, ELIAS N MD 112 ISOLA CIRCLE ROYAL PALM BEACH, FL 33411	CTORS			
RITLE VAME STREET ADDRESS CITY-ST-ZIP					U00000768449 07/12/07-80009-007 558.00
nitle Name Street address City-St-Zip					NOT WRITE
TRILE NAME STREET ADDRESS CHTY-ST-ZIP				IN 7	THIS SPACE
title Name Street adoress City-St-Zip					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
12. I hereby indicated of the corchanged	certify that the information supplied with this is on this report or supplemental report is true poration or the receiver or trustee empowere, or on an attachment with an address, with a	ling does not qualify for the exemption and accurate and that my signature sha do specule this report as required by C i other like ampowered.	s contained Il have the s Chapter 607,	in Chapter 119 ame legal effec Florida Statute	Provide Statutes. I further certify that the information at as if made under oath; that I am an officer or director as; and that my name appears in Block 10 or Block 11 if
SIGNAT	URE:	NAME OF SIGNING OFFICER OR DIRECTOR			7/9/07 501-784-0295 Date Dayline Phone #