


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000024123		
1. Entity Name HUMBERTO C. MACHADO, JR. M.D.P.A.		

Principal Place of Business 173 SOUTH SHORE DRIVE COCONUT GROVE, FL 33133	Mailing Address 173 SOUTH SHORE DRIVE COCONUT GROVE, FL 33133
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2. Principal Place of Business - No P.O. Box # 747 Ponce de Leon Blvd.	3. Mailing Address Same as #2
Suite, Apt. #, etc. Suite 405	Suite, Apt. #, etc.
City & State Coral Gables, FL	City & State
Zip 33134	Country USA

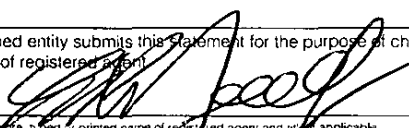
**FILED**  
07 MAY 18 PM 2:31  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



05092007	Chg-P	CR2E034 (12/06)	07
4. FEI Number 20-0665740		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent  FUERST, MITCHELL S ESQ. RODRIGUEZ O'DONNELL ROSS FUERST, P.C. 1001 BRICKELL BAY DRIVE, SUITE 1804 MIAMI, FL 33131	7. Name and Address of New Registered Agent Name Leonardo P. Mendez, Esq. Street Address (P.O. Box Number is Not Acceptable) 1550 Madruga Avenue #150 City Coral Gables FL Zip Code 33146
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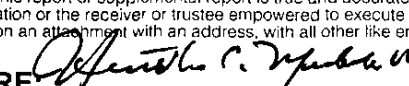
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE:  **Leonardo P. Mendez, Esq.** May 9, 2007  
Signature, typed or printed name of registered agent and agent applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$150.00</b> <b>Due by September 14, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MACHADO, HUMBERTO C JR MD 173 SOUTH SHORE DRIVE COCONUT GROVE, FL 33133 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  **Humberto C. Machado, Jr., MD** May 9, 2007 305-529-9901  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #