

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

07 MAY 18 PM 2:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # P04000024123</b> 1. Entity Name <b>HUMBERTO C. MACHADO, JR. M.D.P.A.</b>					
Principal Place of Business <b>173 SOUTH SHORE DRIVE COCONUT GROVE, FL 33133</b>		Mailing Address <b>173 SOUTH SHORE DRIVE COCONUT GROVE, FL 33133</b>			
2. Principal Place of Business - No P.O. Box # <b>747 Ponce de Leon Blvd.</b>		3. Mailing Address <b>Same as #2</b>			
Suite, Apt. #, etc. <b>Suite 405</b>		Suite, Apt. #, etc. 		05092007    Chg-P    CR2E034 (12/06)    01	
City & State <b>Coral Gables, FL</b>		City & State 		4. FEI Number <b>20-0665740</b>	
Zip <b>33134</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>FUERST, MITCHELL S ESQ. RODRIGUEZ O'DONNELL ROSS FUERST, P.C. 1001 BRICKELL BAY DRIVE, SUITE 1804 MIAMI, FL 33131</b>				7. Name and Address of New Registered Agent Name <b>Leonardo P. Mendez, Esq.</b> Street Address (P.O. Box Number is Not Acceptable) <b>1550 Madruga Avenue #150</b> City <b>Coral Gables</b> <b>FL</b> Zip Code <b>33146</b>	
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:		<b>Leonardo P. Mendez, Esq.</b>		<b>May 9, 2007</b>	
(NOTE: Registered Agent signature required when reinstating)		DATE			
<b>FILE NOW!!! FEE IS \$150.00 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.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>MACHADO, HUMBERTO C JR MD</b> <input type="checkbox"/> Delete <b>173 SOUTH SHORE DRIVE</b> <b>COCONUT GROVE, FL 33133</b>	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		
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		
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		
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		
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:		<b>Humberto C Machado, Jr., MD</b>		<b>May 9, 2007</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE		Daytime Phone # <b>305-529-9901</b>	



700103511237  
05/30/07--01004--006    \*\*150.00