

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 21, 2007 8:00 am**  
**Secretary of State**

03-21-2007 90033 039 \*\*\*150.00

**DOCUMENT # P04000095467**

1. Entity Name  
V.P. MONTOYA, M.D., P.A.



Principal Place of Business  
15262 NW 147TH DR STE 300  
ALACHUA, FL 32615

Mailing Address  
15262 NW 147TH DR STE 300  
ALACHUA, FL 32615

**60026136**

2. Principal Place of Business - No P.O. Box #

795 ST ROAD 47  
Suite, Apt. #, etc.

3. Mailing Address

795 ST ROAD 47  
Suite, Apt. #, etc.

02272007 Chg-P CR2E034 (12/06)

City & State  
LAKE CITY FL

City & State  
LAKE CITY FL

4. FEI Number  
34-2000677

Applied For  
Not Applicable

Zip  
32025

Country  
Columbia

Zip  
32025

Country  
Columbia

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MONTOYA, VERNON P  
15260 NW 147TH DR  
B  
ALACHUA, FL 32615

Name

Street Address (P.O. Box Number is Not Acceptable)

795 SW STATE ROAD 47

City

LAKE CITY

FL

Zip Code

32025

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
MONTOYA, VERNON P  
15260 NW 147TH STE 300  
ALACHUA, FL 32615 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
montoya, VERNON P  
795 SW ST ROAD 47  
LAKE CITY, FL 32025 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

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STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #