

**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
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2. Principal Place of Business - No P.O. Box # <b>795 ST ROAD 47</b>	3. Mailing Address <b>795 ST ROAD 47</b>
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State <b>LAKE CITY FL</b>	City & State <b>LAKE CITY FL</b>
Zip <b>32025</b>	Country <b>Columbia</b>
Zip <b>32025</b>	Country <b>Columbia</b>

6. Name and Address of Current Registered Agent  MONTOYA, VERNON P 15260 NW 147TH DR B ALACHUA, FL 32615	Name  Street Address (P.O. Box Number is Not Acceptable)  <b>795 SW STATE ROAD 47</b>
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City <b>LAKE CITY</b>	Zip Code <b>FL 32025</b>
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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** \_\_\_\_\_  
(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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Montoya, Vernon P 795 SW ST ROAD 47 LAKE CITY FL 32025	<input checked="" 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
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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:**   
\_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/28/07

Date

Daytime Phone #