

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90407 049 ***150.00

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1. Entity Name
DARIO PANCORBO, M.D. P.A.



Principal Place of Business
8707 SW 97 AVE, APT 209
MIAMI, FL 33173 US

Mailing Address
8707 SW 97 AVE, APT 209
MIAMI, FL 33173 US

50012576



2. Principal Place of Business
1421 SW. 153 Path
Suite, Apt. #, etc.

3. Mailing Address
1421 SW. 153 Path
Suite, Apt. #, etc.

04112006 Chg-P CR2E034 (11/05)

City & State
Miami, Florida
Zip 33194 Country US

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Miami, Florida
Zip 33194 Country US

4. FEI Number
20-1290955
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

PANCORBO, DARIO
8711 SW 97 AVE.
230
MIAMI, FL 33173

7. Name and Address of New Registered Agent

Name PANCORBO, DARIO

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

1421 SW. 153 Path

City Miami

FL

Zip Code 33194

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, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME PANCORBO, DARIO ☐ Delete
STREET ADDRESS 10830 SW 26 ST
CITY-ST-ZIP MIAMI, FL 33165

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☒ Change ☐ Addition
NAME PANCORBO, DARIO
STREET ADDRESS 1421 SW. 153 Path
CITY-ST-ZIP MIAMI, FL, 33194

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

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

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

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

DARIO PANCORBO

Date

04/11/06

Daytime Phone #

(305) 279 0152