


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 20, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # P04000112121		
1. Entity Name NORA E. BOLANOS, M.D., P.A.		

Principal Place of Business 319 W OAKS ST KISSIMMEE, FL 34741	Mailing Address 319 W OAKS ST KISSIMMEE, FL 34741
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07122007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 42-1637902	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  CARRIÓN, JULIO R ESQ. 120 BROADWAY AVENUE 308 KISSIMMEE, FL 34741	
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**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ DATE 07/20/07

Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when re-registering)

**FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES BOLANOS, NORA E M.D. 3857 BROOKMYRA DRIVE ORLANDO, FL 32837
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**DO NOT WRITE IN THIS SPACE**

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

7-12-07 407 343 5683  
Date Daytime Phone #