
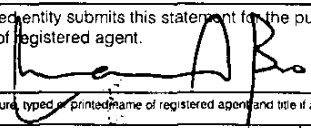
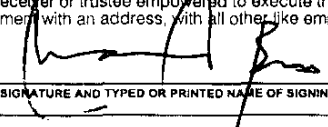


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2007 8:00 am
Secretary of State

04-19-2007 90414 028 ***150.00

DOCUMENT # P04000158114 1. Entity Name MANUEL MONTES DE OCA, M.D., P.A.					
Principal Place of Business 15049 SW 52ND STREET MIRAMAR, FL 33027			Mailing Address 15049 SW 52ND STREET MIRAMAR, FL 33027		
2. Principal Place of Business - No P.O. Box # 9232 Pineville Drive		3. Mailing Address 9232 Pineville Drive			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State Lakeworth, FL		City & State Lakeworth, FL		4. FEI Number 20-1916463	
Zip 33467		Country USA		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent MONTES DE OCA, MANUEL 15049 SW 52ND STREET MIRAMAR, FL 33027			7. Name and Address of New Registered Agent Name Manuel Montes de Oca Street Address (P.O. Box Number is Not Acceptable) 9232 Pineville Drive City Lakeworth		
State FL			Zip Code 33467		
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. <input type="checkbox"/> \$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	PD MONTES DE OCA, MANUEL 15049 SW 52ND STREET MIRAMAR, FL 33027	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BONNELLY, MINERVA 15049 SW 52ND STREET MIRAMAR, FL 33027	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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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"/> Delete			
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 #					