

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000170000

FILED
Apr 25, 2007
Secretary of State

Entity Name: CARLINE HYPPOLITE-OYADIRAN, MD, PA

Current Principal Place of Business:

17325 NW 27TH AVE., STE 109
CAROL CITY, FL 33056

New Principal Place of Business:

Current Mailing Address:

17325 NW 27TH AVE., STE 109
CAROL CITY, FL 33056

New Mailing Address:

FEI Number: 03-0552286

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OYADIRAN, CARLINE M.D.
1930 SW 195TH AVE
MIRAMAR, FL 33029 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: V () Delete
Name: OYADIRAN, OLABISI
Address: 1930 SW 195TH AVE
City-St-Zip: MIRAMAR, FL 33029

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CARLINE OYADIRAN

P

04/25/2007

Electronic Signature of Signing Officer or Director

Date