2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 04, 2008 8:00 am **Secretary of State**

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ERNESTO CARDOZO, M.D., P.A.



Principal Place of Business Mailing Address 9511 N HOLLYBROOK LAKE DR 9511 N HOLLYBROOK LAKE DR BLDG - 10 - STE 307 BLDG - 10 - STE 307 PEMBROKE PINES, FL 33025 PEMBROKE PINES, FL 33025 2. Principal Place of Business - No P.O. Box # 3. Mailing Address BROOK LAKEDR 9711 N. HO//UBROOK LAKE DA 01302008 Chg-P CR2E034 (12/06) 4. FEI Number Applied For 20-2118842 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 1)54 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BALWANT CHEEMA, P.A. 4160 W 16TH AVE Street Address (P.O. Box Number is Not Acceptable) **STE 309** HIALEAH, FL 33012 Zip Code FL8. 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2008 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. **PSTD** TITLE TITLE □ Delete CARDOZO, ERNESTO NAME NAME 9711 N. Holly BROOK LAKE DR-BUG'3 9511 N HOLLYBROOK LAKE DR - BLDG 10 - #307 STREET ADDRESS STREET ADDRESS PEMBROKE PENES, FL 33025 -#102 PEMBROKE PINES, FL 33025 CITY-ST-ZIP CITY - ST - ZIP TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ITILE ☐ Delete IIILE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HILE Delete TITLE: ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-S1-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAMŁ NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

I hereby certify that the information supplied with this filling 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: /

EENELTO CARDORD, PRESONENT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR