

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2008 8:00 am
Secretary of State

01-14-2008 90106 003 ***150.00

DOCUMENT # P05000013387
 1. Entity Name
 ARTURO J. GAZO, M.D., P.A.



Principal Place of Business
 200 CRESTWOOD CT N # 201
 ROYAL PALM BEACH, FL 33411

Mailing Address
 200 CRESTWOOD CT N # 201
 ROYAL PALM BEACH, FL 33411

2. Principal Place of Business - No P.O. Box #
 206 Catania Way
 Suite, Apt. #, etc.

3. Mailing Address
 206 Catania Way
 Suite, Apt. #, etc.

City & State
 Royal Palm Beach, FL

City & State
 Royal Palm Beach FL

Zip
 33411

Country
 USA

01082008 Chg-P CR2E034 (12/06)

4. FEI Number
 55-0889897

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
 GAZO, ARTURO J.M.D.
 200 CRESTWOOD CT N # 201
 ROYAL PALM BEACH, FL 33411

7. Name and Address of New Registered Agent
 Name
 Gazo, Arturo J., M.D.

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

City
 Royal Palm Beach FL

Zip Code
 33411

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 1/8/08

Signature typed in printed name of registered agent and fee applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$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	DP GAZO, ARTURO J.M.D. 200 CRESTWOOD CT N # 201 ROYAL PALM BEACH, FL 33411	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DP Gazo, Arturo J., M.D. 206 Catania Way Royal Palm Beach FL 33411
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: DATE 1/8/08 578-9040

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Director Date Daytime Phone #

561-