


2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000035263 1. Entity Name LUZ M. ALVAREZ MD PA	
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
08 SEP 29 AM 11:25

Principal Place of Business 640 ARLEY RD FRANKLIN SQUARE, NY 11010	Mailing Address 640 ARLEY RD FRANKLIN SQUARE, NY 11010
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DO NOT WRITE IN THIS SPACE



05092008 No Chg-P CR2E034 (11/05)

4. FEI Number 20-2537471	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 ALVAREZ, LUZ M 5460 NORTH OCEAN DR #7-B SINGER ISLAND, FL 33404
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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FILE NOW!!! FEE IS \$550.00 Due by September 12, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST- ZIP	D ALVAREZ, LUZ M 640 ARLEY RD FRANKLIN SQUARE, NY 11010
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100136692201
10/07/08--01021--010 **\$550.00

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 <u>9-25-08</u>	Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		