


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90057 024 ***150.00

DOCUMENT # P05000072326

1. Entity Name
ENRIQUE SAGUIL, M.D., P.A.



Principal Place of Business Mailing Address
450 N WYMORE RD **450 N WYMORE RD**
WINTER PARK, FL 32789 **WINTER PARK, FL 32789**

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
10114 oak crest road **6431 Parksleg Court**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Orlando FL **Wisle, IL**

Zip Country Zip Country
32829 **orange** **60532** **DuPage**



04062007 Chg-P CR2E034 (12/06)

4. FEI Number Applied For
75-3192623 Not Applicable

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

6. Name and Address of Current Registered Agent
W&P SERVICES, INC.
450 N WYMORE RD
WINTER PARK, FL 32789

7. Name and Address of New Registered Agent
 Name **Chaires Hammond, P.L.**
 Street Address (P.O. Box Number is Not Acceptable)
283 Crane's Roost Blvd.,
Suite 165
 City **Altamonte Springs, FL** FL Zip Code **32701**

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 *Jennifer Hammond* **Jennifer Hammond, Vice President, Chaires Hammond P.L.** **4/9/2007**
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 \$5.00 May Be Added to Fees
 Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	SAGUIL, ENRIQUE M.D.	
STREET ADDRESS	450 N WYMORE RD	
CITY-ST-ZIP	WINTER PARK, FL 32789	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAGUIL, ENRIQUE M.D.	
STREET ADDRESS	10114 oak crest road	
CITY-ST-ZIP	Orlando, FL 32829	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Enrique Saguil* **4/16/07 (630)319 0351**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #