

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 02, 2007 08:00 AM
Secretary of State

DOCUMENT # P05000083912

Entity Name
JAIME P. NAHMIAS M.D., P.A.



Principal Place of Business
7000 SW 97 AVE SUITE 214
MIAMI, FL 33173

Mailing Address
7000 SW 97 AVE SUITE 214
MIAMI, FL 33173



01262007 No Chg-P CR2E034 (11/05)

4. FEI Number
33-1119586

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

NAHMIAS, JAIME P
11339 SW 92 STREET
MIAMI, FL 33176

**DO NOT WRITE
IN THIS SPACE**

I, the above named entity submit 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

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
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

NAME	PTD
NAME	NAHMIAS, JAIME P
HOME ADDRESS	11339 SW 92 STREET
HOME PHONE	MIAMI, FL 33176
NAME	VSD
NAME	NAHMIAS, MARIETA M
HOME ADDRESS	11339 SW 92 STREET
HOME PHONE	MIAMI, FL 33176
NAME	
NAME	
HOME ADDRESS	
HOME PHONE	
NAME	
NAME	
HOME ADDRESS	
HOME PHONE	

U00000617281
02/07/07-80068-014 150.00

**DO NOT WRITE
IN THIS SPACE**

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Jaime Nahmias
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JANUARY 30, 2007 (305) 968 169
Date Daytime Phone #