

2007 FOR PROFIT CORPORATION ANNUAL REPORT

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Apr 27, 2007 8:00 am
Secretary of State

04-27-2007 90211 007 ***150.00

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01302007 Chg-P CR2E034 (12/06)

DOCUMENT # P06000003383 1. Entity Name PINERO PREVENTIVE MEDICAL CARE PA					
Principal Place of Business 1216 N HAMPTON AVENUE ORLANDO, FL 32803			Mailing Address 1216 N HAMPTON AVENUE ORLANDO, FL 32803		
2. Principal Place of Business - No P.O. Box # 1720 S. Orange Avenue Suite, Apt. #, etc. Suite 500		3. Mailing Address 1720 S. Orange Avenue Suite, Apt. #, etc. Suite 500			
City & State Orlando, FL Zip 32806		City & State Orlando, FL Zip 32806		4. FEI Number 20-4098320	
Country 		Country 		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PINERO, RAFAEL E 1216 N HAMPTON AVENUE ORLANDO, FL 32803				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 <u></u> DATE <u>4/3/07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	P PINERO, RAFAEL E 1216 N HAMPTON AVENUE ORLANDO, FL 32803	<input type="checkbox"/> Delete			
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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: <u></u>		3/1/07		(401) 426-9693	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	