

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

**FILED
Mar 23, 2007 8:00 am
Secretary of State**

03-23-2007 90029 034 ***150.00

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DOCUMENT # P06000009367

1. Entity Name
CARLOS SANCHEZ O.D.-P.A.



Principal Place of Business
2223 SW 51 ST
CAPE CORAL, FL 33914

Mailing Address

2223 SW 51 ST
CAPE CORAL, FL 33914

2. Principal Place of Business - No P.O. Box #

8076 Mediterranean Dr
Suite, Apt. #, etc.
Suite # 115

3. Mailing Address

8076 Mediterranean Dr
Suite, Apt. #, etc.
Suite # 115

City & State

Estero, FLORIDA

City & State

Estero, FLORIDA

Zip

33928

Country

USA

Zip

33928

Country

USA

6. Name and Address of Current Registered Agent

**SANCHEZ, CARLOS
2223 SW 51 ST
CAPE CORAL, FL 33914**

Name

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

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when renaming)

03-14-2007

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

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SANCHEZ, CARLOS 2223 SW 51 ST CAPE CORAL, FL 33914	<input type="checkbox"/> Delete	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	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	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-14-2007 23792711

Date Daytime Phone #