## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

04-23-2007 90252 043 \*\*\*150.00 P06(\overline{00}00201472 D

07 JUN -4 AM 8: 36

1. Entity Nam	MENT # PU6000020 PORTH MEDICAL, P.A.						SECHETAL TALLAHASSEL	
Principal Place of Business 2601 SOUTH MILITARY TRAIL SUITE 32 & 33 WEST PALM BEACH, FL 33415		Mailing Address 2601 SOUTH MILITARY TRAIL SUITE 32 & 33 WEST PALM BEACH, FL 33415		j	40	076908		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			04032007	Chg-P	CR2E034 (12/06)	)
City & State		City & State			4. FEI Numb	4327	16.	pplied For lot Applicable
Zip	Country	Zip	Coun	otry	5. Certificate	ol Status Desired	\$8.75 Ad Fee Require	
	6. Name and Address of Curren	t Registered Agent			7. Name and	Address of New	Registered Agent	·
BAEZ, MARIO 2601 SOUTH MILITARY TRAIL SUITE 32 & 33				Name Street Address (P.O. Box Number is Not Acceptable)				
WEST PALM BEACH, FL 33415								
The above be ned shity submits this statement for the pyrpose of changing its				City	FL Zip Code			
the obligates	ors of Moistered agent.	100				in, in the State of	120/27	, and accept
	Signature, typed or printed name of registered agen	nt and little if application (NO	TE Registere	ed Agent signature requ	ured when reinstating)	- r	DATE	
	E NOWIII FPE IS \$150.00 ay 1, 2007 Fee will be \$550	9. Election Campa	aign Finar	ncing _ \$	\$5.00 May Be Added to Fees		DATE	
	E NOWIII FRE IS \$150.00	9. Election Camps Trust Fund Cor	aign Finar	ncing \$	55.00 May Be Added to Fees	CHANGES TO O	DATE  FFICERS AND DIRECTOR	3S IN 11
After M: 10.	E NOWIII FEE IS \$150.00 ay 1, 2007 Fee will be \$550 OFFICERS AND	9. Election Camps Trust Fund Cor	aign Finar ntribution 11.	ncing \$	55.00 May Be Added to Fees	CHANGES TO O		RS IN 11
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12. Thereby certify that the infordation supplied with this filling does not quality for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information indicated on this report or in polemental 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 reflever or fusite empowered to exefute 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 attach that with an address, with all other the empowered.

SIGNATURE: \_