
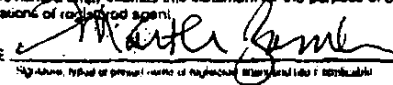
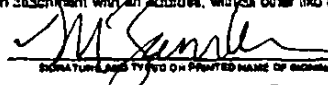


**FILED**  
**Apr 17, 2007 8:00 am**  
**Secretary of State**

04-02-2007 90101 022 \*\*\*150.00

**2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

4/21

<b>DOCUMENT # P06000053409</b>			
1. Entity Name <b>MARTHA L ZAMBRANO M.D., P.A.</b>			
Principal Place of Business <b>SUITE 203 927 45TH STREET WEST PALM BEACH FL 33407</b>		Mailing Address <b>SUITE 203 927 45TH STREET WEST PALM BEACH FL 33407</b>	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt #, etc.		Suite, Apt #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number <b>16-1757102</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>FILINGS, INC. 5752 N.W. 16TH STREET FT. LAUDERDALE FL 33311-4132</b>		7. Name and Address of New Registered Agent Name <b>MARTHA ZAMBRANO, MD</b> Street Address (P.O. Box Number is Not Acceptable) <b>9011 Gardens Glen Circle</b> City <b>PBG</b> State <b>FL</b> Zip Code <b>33448</b>	
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  DATE <b>3/12/07</b> <small>(Signature, typed or printed name of registered agent or individual) (Typed Registered Agent signature required when necessary) DATE</small>			
<b>FILE NOW!!! - FEE IS \$150.00</b> After May 1, 2007 Fee Will Be \$650.00 Make Check Payable to Florida Department of State		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	DATE <input type="checkbox"/>	TITLE	DATE <input type="checkbox"/>
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	
TITLE	DATE <input type="checkbox"/>	TITLE	DATE <input type="checkbox"/>
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	
TITLE	DATE <input type="checkbox"/>	TITLE	DATE <input type="checkbox"/>
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	
TITLE	DATE <input type="checkbox"/>	TITLE	DATE <input type="checkbox"/>
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	
TITLE	DATE <input type="checkbox"/>	TITLE	DATE <input type="checkbox"/>
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: 		DATE: <b>3/12/07</b>	
<small>SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>DATE</small>	



1st MOORE CR2E034 (10/06)