

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000081904

Entity Name: FABIAN A. LOPEZ M.D. P.A.

FILED  
May 19, 2008  
Secretary of State

**Current Principal Place of Business:**

701 NW 57TH AVE.  
200  
MIAMI, FL 33126

**New Principal Place of Business:**

4302 ALTON RD.  
STE. 430  
MIAMI BEACH, FL 33140

**Current Mailing Address:**

P.O. BOX 190367  
MIAMI BEACH, FL 33119

**New Mailing Address:**

FEI Number: 20-5379636      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LOPEZ, FABIAN A MD  
1900 SUNSET HARBOUR DR.  
1011  
MIAMI BEACH, FL 33139 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: LOPEZ, FABIAN A MD  
Address: 1900 SUNSET HARBOUR DR. #1011  
City-St-Zip: MIAMI BEACH, FL 33139

Title: VP ( ) Delete  
Name: HOUCK-CRUZ, WALTER A  
Address: 810 NE 175TH STREET  
City-St-Zip: NORTH MIAMI BEACH, FL 33162 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FABIAN A. LOPEZ MD

PRES

05/19/2008

Electronic Signature of Signing Officer or Director

Date