


FILED
May 27, 2008 8:00 am
Secretary of State

04-23-2008 90041 029 ***150.00

2008 FOR PROFIT CORPORATION
ANNUAL REPORT

4/2

DOCUMENT # P06000128214			
1. Entity Name MAURICIO E. MELHADO, M.D., P.A.			
Principal Place of Business 12953 PALMS WEST DRIVE SUITE 102 LOXAHATCHEE, FL 33470		Mailing Address 12953 PALMS WEST DRIVE SUITE 102 LOXAHATCHEE, FL 33470	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address P.O. Box 939	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Loxahatchee, FL	
Zip	Country	Zip	Country Palm Beach
33470		33470	
6. Name and Address of Current Registered Agent MELHADO, MAURICIO E 12953 PALMS WEST DRIVE SUITE 102 LOXAHATCHEE, FL 33470		7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when renewing) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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 MELHADO, MAURICIO E 12953 PALMS WEST DRIVE, SUITE 102 LOXAHATCHEE, FL 33470 <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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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 power like empowered.			
SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR MAURICIO MELHADO, MD		Date 4/17/08 Daytime Phone # 561-793-6600	