


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90062 046 ***150.00

DOCUMENT # P06000128739	
1. Entity Name SOCRATES PEREZ-RODRIGUEZ, M.D., P.A.	

Principal Place of Business 7211 155TH NORTH PLACE PALM BEACH GARDENS, FL 33418	Mailing Address 7211 155TH NORTH PLACE PALM BEACH GARDENS, FL 33418
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2. Principal Place of Business - No P.O. Box # 7211 155th Place North Suite, Apt. #, etc.	3. Mailing Address 7211 155th Place North Suite, Apt. #, etc.
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City & State Palm Beach Gardens, FL	City & State Palm Beach Gardens, FL
Zip 33418	Zip 33418
Country USA	Country 33418

6. Name and Address of Current Registered Agent PEREZ, SOCRATES 7211 155TH NORTH PLACE PALM BEACH GARDENS, FL 33418	
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7. Name and Address of New Registered Agent Name Socrates Perez Street Address (P.O. Box Number is Not Acceptable) 7211 155th Place North City Palm Beach Gardens FL Zip Code 33418	
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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: <i>[Signature]</i> DATE: 4.9.07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	
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FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PEREZ, SOCRATES 7211 155TH NORTH PLACE PALM BEACH GARDENS, FL 33418 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7211 155th Place North Palm Beach Gardens, FL 33418
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: <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date: 04.9.07 <small>Daytime Phone #</small>