

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000136016

FILED
Feb 13, 2007
Secretary of State

Entity Name: LAURA FERNANDEZ-ORTIZ M.D.P.A.

Current Principal Place of Business:

209 NE 95TH STREET
9
MIAMI SHORES, FL 33138 US

Current Mailing Address:

209 NE 95TH STREET
9
MIAMI SHORES, FL 33138 US

New Principal Place of Business:

4801 HOLLYWOOD BOULEVARD
B
HOLLYWOOD, FL 33021 US

New Mailing Address:

4801 HOLLYWOOD BOULEVARD
B
HOLLYWOOD, FL 33021 US

FEI Number: 20-5780617 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ARS & ASSOCIATES INC
20810 WEST DIXIE HIGHWAY
NORTH MIAMI BEACH, FL 33180 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: FERNANDEZ- ORTIZ, LAURA
Address: 209 NE 95TH STREET #9
City-St-Zip: MIAMI SHORES, FL 33138 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: FERNANDEZ- ORTIZ, LAURA
Address: 4801 HOLLYWOOD BOULEVARD, SUITE B
City-St-Zip: HOLLYWOOD, FL 33021 US

I hereby certify that the information supplied with this filing does not qualify for the 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: LAURA FERNANDEZ-ORTIZ

PRES

02/13/2007

Electronic Signature of Signing Officer or Director

_____ Date