2007 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P06000142121

1. Entity Name
DE LA PORTILLA ANESTHESIA ASSOCIATES, P.A.

Principal Place of Business	Mailing Address
13496 SW 144TH TERRACE MIAMI, FL 33186 US	13406 SW 144TH TERRACE MIAMI, FL 33186 US

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

03302007   Chg-P   CR2E034 (12/06)

4. FEI Number	Applied For
20-5912344	Not Applicable

5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
DE LA PORTILLA, MARIO L 13406 SW 144 TERRACE MIAMI, FL 33186	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_____   DATE
Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐   **$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 DE LA PORTILLA, MARIO L 13406 SW 144TH TERRACE MIAMI, FL 33186	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	U000006915~~~ 04/13/07-80015-014 150.00	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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: _____   4/2/07   (305) 510-6911
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #