


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 04, 2008 8:00 am**  
**Secretary of State**

02-04-2008 90029 026 \*\*\*150.00

**DOCUMENT # P06000152987**

1. Entity Name  
**JUAN A. LOPETEGUI, M.D., P.A.**



Principal Place of Business      Mailing Address  
**15464 SW 114 STREET**      **15464 SW 114 STREET**  
**MIAMI, FL 33196**      **MIAMI, FL 33196**

**40016301**



2. Principal Place of Business - No P.O. Box #      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

01262008      Chg-P      CR2E034 (12/06)

City & State      City & State

4. FEI Number      Applied For  
**20-8658537**      Not Applicable

Zip      Country      Zip      Country

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
<b>LOPETEGUI, JUAN A</b> <b>15464 SW 114 STREET</b> <b>MIAMI, FL 33196</b>	Name
	Street Address (P.O. Box Number is Not Acceptable)
	City
	State      Zip Code <b>FL</b>

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 reinstating)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 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	DPS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOPETEGUI, JUAN A	NAME	
STREET ADDRESS	15464 SW 114 STREET	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33196	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: X**      *J. Lopez*      **1/30/08**      Date      Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR