2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 05, 2008 08:00 Al Secretary of State

DOCUMENT # P07000034557 1. Enlity Name LUIS R. CORTES;D.O. P.A.									•	
255 SE 14 T Suite 10	e of Business TH STREET RDALE, FL 33316	255 Suit	Mailing Address 255 SE 14 TH STREET SUITE 1C FORT LAUDERDALE, FL 33316				M. BRILL (CRILL CRIST CRISL CRIS			######################################
2. Principal P	tace of Business - No P.O. Box	# 3. Mai	3. Mailing Address							
Suite, Apt.	#, elc.	Suite	Suite, Apt. #, etc.			01232008	Chg-P	CR2E0	34 (12/06)	
City & Stat	е .	City	& State		4. FEI Numb	er	•	J	oplied For ot Applicable	
Zip	Country	Zip	Zip Cou		itry	5. Certificate of Status Desired			Fee Required	
6. Name and Address of Current Registered Agent					Name	7. Name and	Address of New R	egistered /	\gent	
CORTES, LUIS R DO 255 SE 14 TH STREET SUITE 1C			Street Address			P.O. Box Numb	per is Not Acceptable	·)		
FORT LAUDERDALE, FL 33316										
					City			FL	Zip Cod	le
	named entity submits this state ions of registered agent.	ment for the purp	ose of changing its	register	ed office or register	ed agent, or bo	oth, in the State of Flo	rida. I am I	familiar with,	and accept
SIGNATURE										
	Signature, typed or printed harne or register							UAIE		
	E NOW!!! FEE IS \$150. ay 1, 2008 Fee will be \$	UU	Election Campa Trust Fund Cont			.00 May Be ed to Fees				
10.	· · · · · · · · · · · · · · · · · · ·	S AND DIRECTO		11.		ADDITIONS	/CHANGES TO OFF	CERS AND		
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12. I hereby of indicated of the cor	certify that the information supplied this report or supplemental reporation or the receiver or truste or an an attachment with according	ed with this filing epon is true and ee empowered to dress with 17	does not qualify for accurate and that nexecute this report	or the exe ny signal as requi	emptions contained ture shall have the s red by Chapter 607	in Chapter 11 same legal effe , Florida Statut	9, Florida Statutes. I ct as if made under d es; and that my name	further cert eath; that I a appears in	ify that the ii im an officer Block 10 or	nformation for director r Block 11 if
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 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 titler like empowered. SIGNATURE:										