

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

**FILED
Jan 25, 2008 8:00 am
Secretary of State**

01-25-2008 90022 016 ***150.00

DOCUMENT # P07000115460



1. Entity Name
MELBA ROA, M.D., P.A.

Principal Place of Business

~~255 ALHAMBRA CIRCLE, SUITE 500
CORAL GABLES, FL 33134~~

Mailing Address

~~255 ALHAMBRA CIRCLE, SUITE 500
CORAL GABLES, FL 33134~~

2. Principal Place of Business No P.O. Box #
16540 SW 82 STREET

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
MIAMI FL

City & State

Zip **33193**

Zip

Country **USA**

Country

6. Name and Address of Current Registered Agent

ROA, MELBA MD
~~255 ALHAMBRA CIRCLE, SUITE 500
CORAL GABLES, FL 33134~~

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

16540 SW 82 STREET

City **Miami**

FL

Zip Code **33193**

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

MELBA ROA MD

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/23/08

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 **PSTD** Delete
NAME **ROA, MELBA MD**
STREET ADDRESS **255 ALHAMBRA CIRCLE, SUITE 500**
CITY-ST-ZIP **CORAL GABLES, FL 33134**

TITLE Change Addition
NAME **16540 SW 82 STREET**
STREET ADDRESS **Miami FL 33193**
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
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STREET ADDRESS
CITY-ST-ZIP

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TITLE Change Addition
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CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
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: *MELBA ROA MD.*

1/23/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #