


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

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

01-25-2008 90022 016 \*\*\*150.00

<b>DOCUMENT # P07000115460</b> 1. Entity Name <b>MELBA ROA, M.D., P.A.</b>			
Principal Place of Business <del>255 ALHAMBRA CIRCLE, SUITE 500</del> <del>CORAL GABLES, FL 33134</del>		Mailing Address <del>255 ALHAMBRA CIRCLE, SUITE 500</del> <del>CORAL GABLES, FL 33134</del>	
2. Principal Place of Business - No P.O. Box # <b>16540 SW 82 Street</b>		3. Mailing Address  	
Suite, Apt. #, etc.  		Suite, Apt. #, etc.  	
City & State <b>Miami FL</b>		City & State  	
Zip <b>33193</b>		Zip  	
Country <b>USA</b>		Country  	
4. FEI Number <b>74-3239627</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  		7. Name and Address of New Registered Agent  	
ROA, MELBA MD <del>255 ALHAMBRA CIRCLE, SUITE 500</del> <del>CORAL GABLES, FL 33134</del>		Name  	
 		Street Address (P.O. Box Number is Not Acceptable)  	
 		<b>16540 SW 82 Street</b>	
 		City <b>Miami</b> <b>FL</b> Zip Code <b>33193</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: <u><i>MELBA ROA MD</i></u> <b>1/23/08</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOT a Registered Agent signature required when reinstating) DATE</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> 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	PSTD ROA, MELBA MD <del>255 ALHAMBRA CIRCLE, SUITE 500</del> <del>CORAL GABLES, FL 33134</del>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	16540 SW 82 Street Miami FL 33193
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u><i>MELBA ROA MD</i></u> <b>1/23/08</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			