

**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 01, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P92000002708</b>	
1. Entity Name ELIOPE M. PAZ, P.A.	
Principal Place of Business 1111 12TH ST SUITE 110 KEY WEST, FL 33040	Mailing Address 1111 12TH ST SUITE 110 KEY WEST, FL 33040



01282008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>66-0381036</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$6.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

PAZ, ELIOPE  
 1111 12TH STREET  
 SUITE 110  
 KEY WEST, FL 33040

**DO NOT WRITE IN THIS SPACE**

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, 2008 Fee will be \$350.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

U00000810308  
 02/08/08-80056-024 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PAZ, ELIOPE 1111 12TH ST SUITE 110 KEY WEST, FL 33040
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:** ELIOPE M. PAZ, M.D. **1/30/08** (305) 294-6242  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #