

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P92000010676

Entity Name: JAVIER PEREZ, M.D., P.A.

FILED
Jan 07, 2008
Secretary of State

Current Principal Place of Business:

777 E 25TH STREET
SUITE 102
HIALEAH, FL 33013 US

New Principal Place of Business:

Current Mailing Address:

1602 ALTON RD
1602 PMB 84
MIAMI BEACH, FL 33139 US

New Mailing Address:

1602 ALTON RD
PMB 84
MIAMI BEACH, FL 33139 US

FEI Number: 65-0387210

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STEIGER, STEPHEN L CPA
1601 NORTH PALM AVE.
SUITE 303
PEMBROKE PINE, FL 33026 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: PEREZ, JAVIER
Address: 1602 PMB 84
City-St-Zip: MIAMI BCH, FL

Title: P (X) Delete
Name: PEREZ, JAVIER
Address: 1602 PMB 84
City-St-Zip: MIAMI BCH, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: PEREZ, JAVIER
Address: 1602 ALTON RD PMB 84
City-St-Zip: MIAMI BCH, FL 33139

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAVIER PEREZ

MD

01/07/2008

Electronic Signature of Signing Officer or Director

_____ Date