


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 07, 2007 8:00 am**  
**Secretary of State**

05-07-2007 90073 005 \*\*\*150.00

DOCUMENT # P93000064347			
1. Entry Name MANATEE FAMILY MEDICINE, P.A.			
Principal Place of Business 5460 63RD ST. E A BRADENTON, FL 34203		Mailing Address 5460 63RD ST. E BRADENTON, FL 34203	
2. Principal Place of Business - No P.O. Box # 608 51 <sup>st</sup> Street NW Suite, Apt. #, etc.		3. Mailing Address 608 51 <sup>st</sup> Street NW Suite, Apt. #, etc.	
City & State Bradenton, FL		City & State Bradenton, FL	
Zip 34209		Country	
4. FEI Number 65-0447748		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent URRUTIA, LUIS A M.D. 608 51ST ST. NW BRADENTON, FL 34209		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 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	P URRUTIA, LUIS A PRESIDE 5460 63RD ST. NW BRADENTON, FL 34203 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Urrutia, Luis A 608 51 <sup>st</sup> Street NW Bradenton, FL 34209 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <del>LUIS URRUTIA</del> , SUSAN S 608 51 <sup>st</sup> ST NW Bradenton, FL 34209 <input type="checkbox"/> Change <input checked="" 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: 		4/30/2007 (41)758-092	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

40107546



04242007 Chg-P CR2E034 (12/06)