

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 05, 2007 08:00 AM
Secretary of State

DOCUMENT # P93000085376

1. Entity Name
MANUEL J. AVILES, M.D., P.A.



Principal Place of Business 1490 W 49 PL SUITE #270 HIALEAH FL 33012	Mailing Address 1490 W 49 PL SUITE #270 HIALEAH FL 33012
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip
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1st MOORE CR2E034 (10/06)

4. FEI Number 65-0467612	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent AVILES, MANUEL J MD 1490 W 49 PL SUITE #270 HIALEAH FL 33012	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City State: 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.

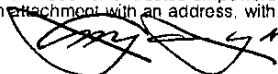
SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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 NAME STREET ADDRESS CITY- ST- ZIP	DP AVILES, MANUEL J MD 1490 W 49 PL SUITE #270 HIALEAH FL 33012 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition U00000620089 02/03/07-80023-010 150.00
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 Section 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:  **MANUEL J. AVILES M.D., P.A.** 01/30/2007. (305)557-0613.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #