



2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2008 8:00 am
Secretary of State

01-14-2008 90103 003 ***150.00

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|--|--|--|--|--|--|
| DOCUMENT # P94000005257 1. Entity Name GUILLERMO ABESADA-TERK, JR. M.D., P.A. | | | |  | |
| Principal Place of Business 501 E. OSCEOLA STREET SUITE 300 STUART, FL 34994 US | | | Mailing Address 501 E. OSCEOLA STREET SUITE 300 STUART, FL 34994 US | | |
| 2. Principal Place of Business - No P.O. Box # 501 E. OSCEOLA STREET Suite, Apt. #, etc. SUITE 201 City & State STUART, FL Zip 34994 Country US | | 3. Mailing Address 501 E. OSCEOLA STREET Suite, Apt. #, etc. SUITE 201 City & State STUART, FL Zip 34994 Country US | |  | |
| 4. FEI Number 65-0461041 | | | | 01092008 Chg-P CR2E034 (12/06) | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | | Applied For Not Applicable | |
| 6. Name and Address of Current Registered Agent SCHLICHTING, NANCY R 777 S FLAGLER DRIVE SUITE 900 WEST PALM BEACH, FL 33401 | | | 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, 2008 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 | PVTD ABESADA-TERK, GUILLERMO JR 501 E. OSCEOLA STREET, SUITE 300 STUART, FL 34994 <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 | PVTD ABESADA-TERK, CHRISTINE M 501 E. OSCEOLA STREET SUITE 300 STUART, FL 34994 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | 1/9/08 (772)223-5952 Date Daytime Phone # | | |