

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 14, 2007 8:00 am
Secretary of State

05-14-2007 90082 017 ***150.00

DOCUMENT # P94000009621	
1. Entity Name JACQUELINE DENOBRIGA, M.D., P.A.	

Principal Place of Business 7604 NW 70 WAY PARKLAND, FL 33067	Mailing Address 7604 NW 70 WAY PARKLAND, FL 33067
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2. Principal Place of Business - No P.O. Box # 347 N New River DR E Suite, Apt. #, etc. # 605	3. Mailing Address 2415 QUANTUM BLVD Suite, Apt. #, etc.
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City & State Ft Lauderdale FL	City & State Boynton Beach FL
Zip 33301	Country USA
Zip 33426	Country USA



04262007 Chg-P CR2E034 (12/06)

4. FEI Number 65-0515874	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent DENOBRIGA, JACQUELINE 7604 NW 70 WAY PARKLAND, FL 33067
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7. Name and Address of New Registered Agent Name DENOBRIGA, JACQUELINE Street Address (P.O. Box Number is Not Acceptable) 347 N New River DR E # 605 City Ft Lauderdale FL Zip Code 33301
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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.

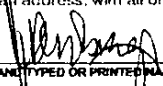
SIGNATURE  04/26/2007
Signature, typed or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when re-registering) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DENOBRIGA, JACQUELINE 7604 NW 70 WAY PARKLAND, FL 33067 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 347 N New River DR E # 605 Ft Lauderdale FL 33301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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:  04/26/2007 (954) 270-9248
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone #

JACQUELINE DENOBRIGA