

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000057895

Entity Name: PIZARRO MEDICAL GROUP, INC.

FILED  
Mar 14, 2007  
Secretary of State

## Current Principal Place of Business:

SOUTH BEACHES MEDICAL CENTER  
2348 SOUTH THIRD STREET  
JACKSONVILLE BEACH, FL 32250

## New Principal Place of Business:

## Current Mailing Address:

7784 CHAPEL HILL DR  
ORLANDO, FL 32819

## New Mailing Address:

FEI Number: 59-3257842

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

PIZARRO, MARINA  
SOUTH BEACHES MEDICAL CENTER  
2348 SOUTH THIRD STREET  
JACKSONVILLE BEACH, FL 32250 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: PRES ( ) Delete  
Name: PIZARRO, MARINA  
Address: SOUTH BEACHES MEDICAL CTR 2348 S 3RD ST  
City-St-Zip: JACKSONVILLE BEACH, FL 32250

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

I hereby certify that the information supplied with this filing does not qualify for the 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: MARINA PIZARRO

PRES

03/14/2007

Electronic Signature of Signing Officer or Director

Date