
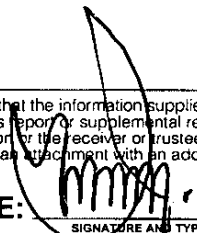


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2008 8:00 am
Secretary of State

05-05-2008 90245 040 ***150.00

DOCUMENT # P95000041300					
1. Entity Name JESUS M. MENENDEZ, M.D. INC.					
Principal Place of Business 7930 S.W. 8TH STREET MIAMI, FL 33144 US			Mailing Address 7930 S.W. 8TH STREET MIAMI, FL 33144 US		
2. Principal Place of Business - No P.O. Box # 7800 CORAL WAY		3. Mailing Address 7800 CORAL WAY			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State MIAMI, FL		City & State MIAMI, FL		4. FEI Number 65-0612836	
Zip 33155		Country MIAMI-DADE		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PERERA, MERCEDES L 9360 SW 72ND ST SUITE 257 MIAMI, FL 33173			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 <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE D	NAME MENENDEZ, JESUS M.D.		<input type="checkbox"/> Delete	TITLE 7800 CORAL WAY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 7930 S.W. 8TH STREET	MIAMI, FL 33144		STREET ADDRESS 7800 CORAL WAY	MIAMI, FL 33155	
CITY-ST-ZIP MIAMI, FL 33144			CITY-ST-ZIP MIAMI, FL 33155		
TITLE NAME	<input type="checkbox"/> Delete		TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP		
TITLE NAME	<input type="checkbox"/> Delete		TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP		
TITLE NAME	<input type="checkbox"/> Delete		TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP		
TITLE NAME	<input type="checkbox"/> Delete		TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP		
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: 			Jesus M. Menendez-P 04/28/08 305-267-5253		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		