## 2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

## May 03, 2007 8:00 am Secretary of State **DOCUMENT # P95000054081** 05-03-2007 90042 024 \*\*\*150.00 1. Entity Name LUIS C. GUERRERO, M.D., P.A. Principal Place of Business Mailing Address 2122 SW 67TH AVE 2122 SW 67TH AVE MIAMI, FL 33155 US MIAMI, FL 33155 04302007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0596832 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent GUERRERO, LUIS C MD DO NOT WRITE 2122 SW 67TH AVE MIAMI, FL 33155 IN THIS SPACE 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE GUERRERO, LUIS C NAME 2122 SW 67TH AVE STREET ADDRESS MIAMI, FL 33155 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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** 

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

**FILED**