

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 27, 2007 8:00 am
Secretary of State

07-27-2007 90006 020 ***150.00

DOCUMENT # P95000091722

1. Entity Name
F.M. ABANILLA, M.D., P.A.



Principal Place of Business
4511 SUN 'LAKES BLVD. #104
SEBRING, FL 33872

Mailing Address
4511 SUN 'LAKES BLVD. #104
SEBRING, FL 33872

40127331



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

07122007

Chg-P

CR2E034 (12/06)

4. FEI Number
65-0629124

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ABANILLA, FERNANDO M M.D.
4511 SUN 'LAKES BLVD. #104
SEBRING, FL 33872

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete
NAME ABANILLA, FERNANDO M M.D.
STREET ADDRESS 4511 SUN 'LAKES BLVD. #104
CITY - ST - ZIP SEBRING, FL 33872

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
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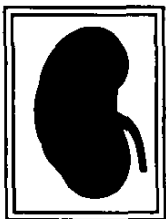
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal 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

Date

Daytime Phone #



ATTACHMENT

40127331

FERNANDO M. ABANILLA, M.D., P.A.

P95000091722

Nephrology and Hypertension

Diplomate, American Board of Internal Medicine

Diplomate, American Board of Nephrology

4511 Sun 'n Lake Blvd., Suite 104

Sebring, FL 33872

Telephone: (863) 314-0555

Fax: (863) 314-0806

July 5, 2007

Florida Department of State
Division of Corporation
P.O. BOX 8800
Tallahassee, FL 32314

Dear Sir/Madam:

Please be advised that our office did not receive the notice of renewal until the Notice of Intent to Dissolve came and was brought to my attention.

Enclosed is a check for \$150.00 for the filing fee. May I request that you send us a renewal notice in the future so we can pay in a timely manner.

Thank your for your consideration.

Sincerely,

Arleen O. Abanilla
Office Manager