2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 31, 2006 08:00 AM Secretary of State

ANNUAL REPURT					Secretary of State				
DOCUMENT # P9600000984 1. Entity Name GUILLERMO CUEVAS, P.A.							ury or s		
Principal Plac	ce of Business			1					
PALMETTO MEDICAL PLAZA SUITE 601 HIALEAH, FL 33016		Mailing Address PALMETTO MEDICAL PLAZA SUITE 601 HIALEAH, FL 33016		119924991 (79 /	i lin e a ccii ee nic an ico an ico	, 185 00 185 00 18 00 1800 1800 1	Branchwi za Viron		
Z. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			03242006	Chg-P	CR2E034 (11/05	;)	
City & State		City & State		4. FEI Number 65-0643			Applied For Vot Applicable		
Zip	Country	Zip	Cour	y	<u> </u>	Status Desired	S8.75 A	dditlansl red	
ļ	6. Name and Address of Currer	it Registered Agent		ļ.,	7. Name and A	ddress of New R	egistered Agent		
CUEVAS, GUILLERMO P.A.				Name	ame †c				
7100 WEST 20 AVE SUITE 601				Street Address (P.O. Box Number is Not Acceptable)					
HIALEAH, FL 33016				City			FL Zip Co	de	
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, piped or printed registered against and stock applicable. (NOTE Registered Again Signature registrating) DATE									
FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May 8e After May 1, 2006 Fee will be \$550.00 7rust Fund Contribution. Added to Fees									
10.	OFFICERS AN	O DIRECTORS	11.		ADDITIONS/C	HANGES TO OFFI	CERS AND DIRECTO	RS IN 11	
TITLE	PST	□ Deteis	TITU	E			☐ Clange	Addition	
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12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statules. 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 path, 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.									