2008 FOR PROFIT CORPORATION

FILED May 05, 2008 08:00 AN Secretary of State

	ANNUAL	REPORT	
DOCUMENT #	P96000024	452	

1. Entity Name

PABLO J. ACEBAL M.D., P.A.

Principal Place of Business

11760 SW 40 ST

606 MIAMI, FL 33175 Mailing Address

16471 SW 75 ST

707-E

MIAMI, FL 33193



DO NOT WRITE IN THIS SPACE

04212008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0654480

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ACEBAL, PABLO J M.D. 11760 SW 40 ST 606 MIAMI, FL 33175

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

(NOTE, Registered Agent signature required when reinstaling)

DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution.

\$5.00 мау Ве Added to Fees

10. OFFICERS AND DIRECTORS TiTLE NAME ACEBAL, PABLO J M.D. STREET ADDRESS 11760 SW 40 ST SUITE 606 CITY-ST-ZIP MIAMI, FL 33175 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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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