2007 FOR PROFIT CORPORATION . **ANNUAL REPORT** DOCUMENT # P96000024622 MARÍO A. SABATES, M.D., P.A. Principal Place of Business Mailing Address 2900 W. 12TH AVENUE 2534 INDIAN MOUND TRAIL. SUITE 5 CORAL GABLES, FL 33134 HIALEAH, FL 33012 DO NOT WRITE IN THIS SPACE 6. Name and Address of Current Registered Agent SABATES, MARIO A M.D. 2534 INDIAN MOUND TRAIL CORAL GABLES, FL 33134 8. The above named entity submits this statement for the purpose of changing its registered office or regis the obligations of registered agent.

FILED Mar 29, 2007 08:00 AN Secretary of State

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	03252007	No Chg-P	CR2	E034 (11/0	05)
		4. FEI Number 65-0657238			Applied For Not Applicable
<u></u>	5. Certificate of Status Desired			\$8.75 Additional Fee Required	
DO NOT WRITE IN THIS SPACE tered agent, or both, in the State of Fiorida. I am familiar with, and accept					
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Ŧ	when reinstating)	E E Mill and Pro- 17 of the	DATE	· ,	
	00 May Be ed to Fees	U00000 - 04/04/07	80088 8819	(U 5-020	150.00
		NOT W			

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.

(NOTE, Registered Agent signature requ

9. Election Campaign Financing

Trust Fund Contribution.

SIGNATURE:

SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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

OFFICERS AND DIRECTORS

FILE NOW!!! FEE IS \$150.00

10.

NAME STREET ADDRESS

TITLE

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

CITY-57-739

STREET ADDRESS City-St-Zip

STREET ADDRESS CITY-ST-ZIP

NAME STREET ADORESS CITY-ST-ZIP

After May 1, 2007 Fee will be \$550.00

SABATES, MARIO A M.D.

2534 INDIAN MOUND TRAIL

CORAL GABLES, FL 33134

3-7-1-07

305-461-1190

Cate

Daytime Phone #