


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 23, 2007 8:00 am
Secretary of State

08-23-2007 90022 037 ***150.00

DOCUMENT # P96000041402

1. Entity Name
RAUL R. VERDE, M.D., P.A.



Principal Place of Business
**PO BOX 1369
 NOKOMIS, FL 34274**


Mailing Address
**3005 CARING WAY
 STE A
 PORT CHARLOTTE, FL 33952**

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

Zip Country Zip Country



07032007 Chg-P CR2E034 (12/06)

4. FEI Number
65-0669173

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**DUMBAUGH, JOHN
 1900 RINGLING BLVD.
 SARASOTA, FL 34236**

7. Name and Address of New Registered Agent

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	
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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: *R. Verde* **8-17-07**
Signature and typed or printed name of signing officer or director Date Daytime Phone #