

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 24, 2007 08:00 AM
Secretary of State

DOCUMENT # P96000041958

1. Entity Name
DRS. AIRALA LASER & CATARACT INSTITUTE, P.A.



Principal Place of Business

**2441 SW 37TH AVENUE
MIAMI, FL 33145**

Mailing Address

**2441 SW 37TH AVENUE
MIAMI, FL 33145**

DO NOT WRITE IN THIS SPACE

01082007 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0676982

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MANNY FIGUEROA, CPA
308 ALHAMBRA CIR
STE 1101
CORAL GABLES, FL 33134**

**DO NOT WRITE
IN THIS SPACE**

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 (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **P**
NAME **AIRALA, MANUEL A M.D.**
STREET ADDRESS **2441 SW 37TH AVENUE**
CITY-ST-ZIP **MIAMI, FL**

TITLE **STD**
NAME **AIRALA, MARTA S M.D.**
STREET ADDRESS **2441 SW 37TH AVENUE**
CITY-ST-ZIP **MIAMI, FL**

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U000000599948
01/25/07-80047-016 150.00

**DO NOT WRITE
IN THIS SPACE**

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

1-18 07

Date

Daytime Phone #