



**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2008 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		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing)</small>		
FILE NOW!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P AIRALA, MANUEL A M.D. 2441 SW 37TH AVENUE MIAMI, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD AIRALA, MARTA S M.D. 2441 SW 37TH AVENUE MIAMI, FL	
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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: 		4-30-08 Date
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #



01072008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0676982	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

U00000939061
05/28/08-80011-025 150.00

**DO NOT WRITE
IN THIS SPACE**