

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2007 8:00 am
Secretary of State

02-26-2007 90082 041 ***150.00

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DOCUMENT # P96000046482 1. Entity Name RUBEN GONZALEZ VALLINA, M.D., P.A.			
Principal Place of Business 2 DE LEON DRIVE MIAMI SPRINGS, FL 33166 US		Mailing Address 2 DE LEON DRIVE MIAMI SPRINGS, FL 33166 US	
2. Principal Place of Business - No P.O. Box # 474 Huntinglodge Drive Suite, Apt. #, etc.		3. Mailing Address 474 Huntinglodge Drive Suite, Apt. #, etc.	
City & State Miami Springs FL Zip 33166 Country USA		City & State Miami Springs FL Zip 33166 Country USA	
4. FEI Number 65-0671557		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GONZALEZ, RUBEN 9260 SW 72 ST, #217 MIAMI SPRINGS, FL 33166		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: _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD VALLINA, RUBEN G 2 DE LEON DRIVE MIAMI SPRINGS, FL	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:		Date: 2/15/07 Daytime Phone #: 3-271-7026	