


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 20, 2007 08:00 AM
Secretary of State

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|----------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| DOCUMENT # P96000100076 1. Entity Name JUAN A. FERNANDEZ, M.D., P.A. |  |
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|-------------------------------------------------------------------------|-------------------------------------------------------------|
| Principal Place of Business 2601 SW 37 AVE 702 MIAMI, FL 33133 | Mailing Address 2601 SW 37 AVE 702 MIAMI, FL 33133 |
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DO NOT WRITE IN THIS SPACE



07162007 No Chg-P CR2E034 (11/05)

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| 4. FEI Number 65-0713010 | Applied For Not Applicable |
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| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent FERNANDEZ, JUAN A 2601 SW 37 AVE. STE 702 MIAMI, FL 33133 |
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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 \$550.00
Due by September 14, 2007

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

100000769790
 07/20/07-80005-002 550.00

| 10. OFFICERS AND DIRECTORS | |
|----------------------------------------------------|-------------------------------------------------------------------------|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PD FERNANDEZ, JUAN A 2601 SW 37 AVE, STE., 702 MIAMI, FL 33133 |
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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: 
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 7/10/07 Daytime Phone # _____