2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007
Secretary of State

DOCUMENT# P97000058363

Entity Name: DAVID B. CANO, M.D., P.A.

Current Principal Place of Business:

2068 PALM BEACH LAKES BLVD
WEST PALM BEACH, FL 33409 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 220704
WEST PALM BEACH, FL 33422 US

New Mailing Address:

FEI Number: 65-0765390 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CANO, DAVID B M.D.
9316 NUGENT TRAIL
WEST PALM BEACH, FL 33411 US

Name and Address of New Registered Agent:

CANO, DAVID B M.D.
2068 PALM BEACH LAKES BLVD.
WEST PALM BEACH, FL 33409 US

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.

SIGNATURE: 04/23/2007
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: CANO, DAVID B M.D.
Address: P.O. BOX 220704
City-St-Zip: WEST PALM BEACH, FL 33422

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: CANO, DAVID B M.D.
Address: 2068 PALM BEACH LAKES BLVD.
City-St-Zip: WEST PALM BEACH, FL 33409

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID B. CANO, M.D. P 04/23/2007
Electronic Signature of Signing Officer or Director Date