


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 12, 2006 08:00 AM
Secretary of State

DOCUMENT # P97000066958

1. Entity Name
 JOSE R. PINERO, MD PA



Principal Place of Business 7150 W. 20TH AVE. SUITE 609 HIALEAH, FL 33016	Mailing Address 7150 W. 20TH AVE. SUITE 609 HIALEAH, FL 33016
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04152006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0785213	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PINERO, JOSE R MD
 7150 W 20TH AVE #609
 HIALEAH, FL 33016

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 _____ (NOTE: Registered Agent signature required when reselecting)
 Signature, typed or printed name of registered agent and title if applicable. DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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

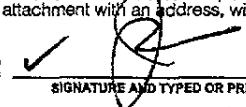
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP PINERO, JOSE R MD 5768 SW 94 ST MIAMI, FL 33156
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 05/20/06-80095-003 150.00

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: ✓  **JOSE PINERO** ✓ 5/1/06 (305) 557-9300
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
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