2007 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 16, 2007 8:00 am Secretary of State DOCUMENT # P97000092524 04-16-2007 90069 007 ***150.00 1. Entity Name MARIO MAGCALAS, M.D., P.A. Principal Place of Business Mailing Address 4000-7100 W. 20TH AVENUE 7100 W. 20TH AVENUE #504 #504 HIALEAH, FL 33016 HIALEAH, FL 33016 2. Principal Place of Business - No P.O. Box # Mailing Address Pines Blud 10794 04022007 Chg-P CR2E034 (12/06) Pembroke 4. FEI Number Applied For 65-0793259 Not Applicable BROWARA \$8.75 Additional 5. Certificate of Status Desired BROWARd Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PANAGOS, PAUL J CPA Street Address (P.O. Box Number is Not Acceptable) 2721 EXECUTIVE PARK DR STE 4 WESTON, FL 333/31 City Zip Code FL of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept 8. The above named entity ubmits thi the obligations of register SIGNATURE. Signature, type (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 \$5.00 May Be П Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. D TITLE Delete TITLE ☐ Change Addition MAGCALAS, MARIO MD NAME NAME 12601 N STONEBROOK CIRCLE STREET ADDRESS STREET ADDRESS **DAVIE, FL 33330** CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Addition ☐ Chance TITLE TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 adcurate and that my signature shall have the same logal effect as if made under oath; that I am an officer or director of the corporation or the receiver or truster properties the decute 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 attachnpowered SIGNATURE: G OFFICER OR DIRECTOR SIGNATURE AND TYPED OR PRINTED NAME OF SIGN



ATTACHMENT

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Division of Corporations

2007 Annual Report

Listed below is the most recent information reported for the entity. Please review and click the appropriate button at the bottom to generate the annual report form.

This information cannot be changed on the report.

Document Number

P97000092524

Business Entity Name MARIO MAGCALAS, M.D., P.A.

Original File Date

10/28/1997

FEI Number

65-0793259

Principal Address

7100 W. 20TH AVENUE

HIALEAH, FL 33016

Mailing Address

7100 W. 20TH AVENUE

#504

HIAKEAH, FL 33016

Registered Agent

CPA PAUL J PANAGOS 2721 EXECUTIVE PARK DR

STE 4

WESTON, FL 33331 US

Officer/Director Name And Address

MD MARIO MAGCALAS 12601 N STONEBROOK CIRCLE DAVIE, FL 33330

If all of the above information is correct and you do not wish to make any changes, please select:

No Changes

If you need to make changes to the above information, please select:

Make Changes

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