2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2007 8:00 am
Secretary of State
03-02-2007 90018 029 ***150.00

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1. Entity Name
VERANO M. HERMIDA, M.D., P.A.

Principal Place of Business	Mailing Address
1212 E BROWARD BLVD FT LAUDERDALE, FL 33301	1212 E BROWARD BLVD FT LAUDERDALE, FL 33301

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
4850 W. OAKLAND PK BLVD	4850 W. OAKLAND PK BLVD
Suite, Apt. #, etc.: 136	Suite, Apt. #, etc.: 136
City & State: LAUDERDALE LAKES FL	City & State: LAUDERDALE LAKES FL
Zip: 33313 / Country: US	Zip: 33313 / Country: US

400267029

02262007 Chg-P CR2E034 (12/06)

4. FEI Number: 65-0806499 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

HERMIDA, VERNAO M MD.
1212 E BROWARD BLVD.
FORT LAUDERDALE, FL 33301

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

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PVST	☐ Delete
NAME	HERMIDA, VERANO M MD	
STREET ADDRESS	1212 E BROWARD BLVD	
CITY-ST-ZIP	FT LAUDERDALE, FL 33301	
TITLE	D	☐ Delete
NAME	HERMIDA, VERANO M MD	
STREET ADDRESS	1212 E BROWARD BLVD	
CITY-ST-ZIP	FT LAUDERDALE, FL 33301	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PVST	☐ Change ☐ Addition
NAME	HERMIDA, VERANO M. MD.	
STREET ADDRESS	4850 W. OAKLAND PK BLVD. #136	
CITY-ST-ZIP	LAUDERDALE LAKES, FL 33316	
TITLE	D	☐ Change ☐ Addition
NAME	HERMIDA, VERANO M. MD	
STREET ADDRESS	4850 W. OAKLAND PK BLVD. #136	
CITY-ST-ZIP	LAUDERDALE LAKES, FL 33313	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
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 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: _____ 2/28/07 954 739-4420
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #