


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2007 8:00 am
Secretary of State

01-26-2007 90030 037 ***150.00

DOCUMENT # P98000007877

1. Entity Name
NELSON A. MALDONADO, M.D., P.A.



Principal Place of Business Mailing Address

**501 GOODLETTE ROAD NORTH
 BLDG A-100
 NAPLES, FL 34102**

**501 GOODLETTE ROAD NORTH
 BLDG A-100
 NAPLES, FL 34102**

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

TIB Financial Center **TIB Financial Center**

Suite, Apt. #, etc. Suite, Apt. #, etc.

Suite 202 599 TAMiami TRAIL N. **Suite 202 599 TAMiami TRAIL N.**

City & State City & State

Naples, FL **Naples, FL**

Zip Country Zip Country

34102 **Collier** **34102** **Collier**



01182007 Chg-P CR2E034 (12/06)

4. FEI Number Applied For

59-3491172 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**MALDONADO, NELSON A
 501 GOODLETTE RD., STE A100
 NAPLES, FL 34102**

7. Name and Address of New Registered Agent

Name
MALDONADO, Nelson A.

Street Address (P.O. Box Number is Not Acceptable)
**TIB Financial Center Suite 202
 599 TAMiami TRAIL N.**

City State Zip Code

Naples **FL** **34102**

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 *Dr. Nelson Maldonado* DATE 1/22/07

Signature, typed or printed name of registered agent and title if applicable. (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 Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

| | | |
|----------------|--------------------------|--------------------------------------------|
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | MALDONADO, NELSON A | |
| STREET ADDRESS | 7011 LIVINGSTON WOODS LN | |
| CITY-ST-ZIP | NAPLES, FL 34109 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|------------------------------------------|------------------------------------------------------------------------------|
| TITLE | P | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MALDONADO, Nelson A. | |
| STREET ADDRESS | TIB Financial Center Suite 202 | |
| CITY-ST-ZIP | 599 TAMiami TRAIL N. NAPLES, FL 34102 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
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| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> 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: *Dr Nelson Maldonado* Date 1/22/07 Daytime Phone # 370-5698

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #