

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000025028

Entity Name: ARMANDO A. DE FERIA, M.D., P.A.

FILED  
May 02, 2007  
Secretary of State

**Current Principal Place of Business:**

13087 MAJESTIC WAY  
COOPER CITY, FL 33330

**New Principal Place of Business:**

**Current Mailing Address:**

13087 MAJESTIC WAY  
COOPER CITY, FL 33330

**New Mailing Address:**

FEI Number: 65-0819159

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

DE FERIA, BARBARA  
13087 MAJESTIC WAY  
COOPER CITY, FL 33330 US

**Name and Address of New Registered Agent:**

DE FERIA, ARMANDO  
13087 MAJESTIC WAY  
COOPER CITY, FL 33330 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: ARMANDO DE FERIA

05/02/2007

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: RA ( ) Delete  
Name: DEFERIA, BARBARA P  
Address: 13087 MAJESTIC WAY  
City-St-Zip: COOPER CITY, FL 33330

Title: PRES ( ) Delete  
Name: DEFERIA, ARMANDO A MD  
Address: 13087 MAJESTIC WAY  
City-St-Zip: COOPER CITY, FL 33330

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: RA (X) Change ( ) Addition  
Name: DEFERIA, ARMANDO  
Address: 13087 MAJESTIC WAY  
City-St-Zip: COOPER CITY, FL 33330

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: ARMANDO A DE FERIA,MD

PRES

05/02/2007

Electronic Signature of Signing Officer or Director

Date