


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 21, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # P98000050470**

1. Entity Name  
 MIGUEL A. LOPEZ-VIEGO, M.D., P.A.



Principal Place of Business  
 2800 S. SEACREST BLVD  
 SUITE 200  
 BOYNTON BEACH, FL 33435

Mailing Address  
 2800 S. SEACREST BLVD  
 SUITE 200  
 BOYNTON BEACH, FL 33435

**DO NOT WRITE IN THIS SPACE**



02292008 No Chg-P CR2E034 (11/05)

4. FEI Number  
 65-0888143

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

LAVENDER, JOEL R ESQ  
 507 S.E. 11TH COURT  
 FORT LAUDERDALE, FL

**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 \_\_\_\_\_ 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, 2008 Fee will be \$550.00**

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

000000865933  
 04/08/08-80009-003 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD LOPEZ-VIEGO, MIGUEL A M.D. 2800 S. SEACREST BLVD SUITE 200 BOYNTON BEACH, FL 33435
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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:  **Miguel A. Lopez-Viego, MD** 3/7/08 (621) 736-8200

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