


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2008 08:00 A
Secretary of State


DOCUMENT # P98000066625
 1. Entity Name
ADULT MEDICINE CENTER OF SOUTH FLORIDA, P.A.



Principal Place of Business
**601 UNIVERSITY BLVD.
 STE 207
 JUPITER, FL 33458**

Mailing Address
**P.O. BOX 2208
 JUPITER, FL 33468**

DO NOT WRITE IN THIS SPACE



03112008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0853028	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**LOPEZ, MIGUEL
 296 FLAMINGO PT. N.
 JUPITER, FL 33458**

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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)

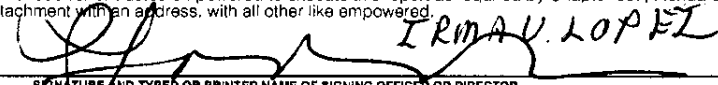
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	U000000894041 04/24/08-80012-007 150.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOPEZ, MIGUEL 296 FLAMINGO PT N JUPITER, FL 33458
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOPEZ, IRMA V 296 FLAMINGO PT N JUPITER, FL 33458
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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:  **IRMA V. LOPEZ** **4/8/08 561-745-7878**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #