


2007 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Mar 07, 2007 08:00 AM
Secretary of State

DOCUMENT # P98000084108
 1. Entity Name
 JOAQUIN A. NUNEZ, M.D., P.A.



Principal Place of Business 2925 10TH AVE N. STE 106 LAKE WORTH, FL 33461	Mailing Address 2925 10TH AVE N STE 106 LAKE WORTH, FL 33461
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DO NOT WRITE IN THIS SPACE



02122007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0866720	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

NUNEZ, ELBA M.D.
 12360 NW 21ST CT
 PLANTATION, FL 33323

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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 _____ (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


U00000658605
 03/15/07-80045-007 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NUNEZ, ELBA M.D. 12360 NW 21ST CT PLANTATION, FL 33323
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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:  DATE: 3-5-07 DAYTIME PHONE # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR