


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90830 015 \*\*\*150.00

**DOCUMENT # P99000004315**

1. Entity Name  
 LUIS A. LOGRONO, M.D., P.A.



Principal Place of Business  
 3251 N. MCMULLEN BOOTH RD  
 SUITE 100  
 CLEARWATER, FL 33761

Mailing Address  
 3251 N. MCMULLEN BOOTH RD  
 SUITE 100  
 CLEARWATER, FL 33761

2. Principal Place of Business - No P.O. Box #  
 1130 Palmer Court

3. Mailing Address  
 1130 Palmer Court

Suite, Apt. #, etc.

City & State  
 Palm Harbor, FL

City & State  
 Palm Harbor, FL

Zip  
 34685

Country  
 US

Zip  
 34685

Country  
 US

4242007 Chg-P CR2E034 (12/06)

4. FEI Number  
 59-3556006

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

LOGRONO, LUIS A  
 3251 N., MCMULLEN BOOTH RD  
 SUITE 100  
 CLEARWATER, FL 33761

7. Name and Address of New Registered Agent

Name  
 Logrono, Luis A

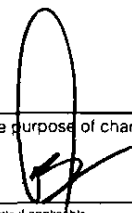
Street Address (P.O. Box Number is Not Acceptable)  
 1130 Palmer Court

City  
 Palm Harbor

FL

Zip Code  
 34685

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, 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 NAME STREET ADDRESS CITY-ST-ZIP	PSTD LOGRONO, LUIS A M.D. 3251 N. MCMULLEN BOOTH RD SUITE 100 CLEARWATER, FL 33761	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD Logrono, Luis A. 1130 Palmer Court Palm Harbor, FL 34685	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR