


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 02, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P99000008576</b> 1. Entity Name FAMILY MEDICINE OF MIAMI, P.A.	
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Principal Place of Business 9485 SOUTHWEST 72 STREET SUITE A-104 MIAMI, FL 33173	Mailing Address 9485 SOUTHWEST 72 STREET SUITE A-104 MIAMI, FL 33173
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02042008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0890981	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  GOMEZ-RIVERA, JOSE A 9485 SW 72 ST STE A 104 MIAMI, FL 33173
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**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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**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"/>	<b>\$5.00</b> May Be Added to Fees
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U000000877687  
04/14/08-80024-014 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD GOMEZ-RIVERA, JOSE A DO 9485 SOUTHWEST 72 STREET SUITE A-104 MIAMI, FL 33173
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**DO NOT WRITE  
IN THIS SPACE**

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:** 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #