

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 16, 2007 08:00 AT**  
**Secretary of State**

**DOCUMENT # P99000008979**



1. Entity Name

PRANGNUAN DURAND, D.O., P.A.

Principal Place of Business

3511 NORTH ANDREWS AVENUE  
OAKLAND PARK FL 33309

Mailing Address

3511 NORTH ANDREWS AVENUE  
OAKLAND PARK FL 33309



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/06)

4. FEI Number **65-0905987**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

DURAND, PRANGNUAN  
18610 SW 7TH STREET  
PEMBROKE PINES FL 33029

7. Name and Address of New Registered Agent

Name

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

City

**FL**

Zip Code

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 re-registering)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

TITLE: PVPS  
NAME: DURAND, PRANGNUAN  
STREET ADDRESS: 18610 SW 7TH STREET  
CITY-STATE-ZIP: PEMBROKE PINES FL 33029

☐ Delete

TITLE:   
NAME:   
STREET ADDRESS:   
CITY-STATE-ZIP:

☐ Delete

TITLE:   
NAME:   
STREET ADDRESS:   
CITY-STATE-ZIP:

☐ Delete

TITLE:   
NAME:   
STREET ADDRESS:   
CITY-STATE-ZIP:

☐ Delete

TITLE:   
NAME:   
STREET ADDRESS:   
CITY-STATE-ZIP:

☐ Delete

TITLE:   
NAME:   
STREET ADDRESS:   
CITY-STATE-ZIP:

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE:   
NAME:   
STREET ADDRESS:   
CITY-STATE-ZIP:

☐ Change ☐ Addition

U000000708898  
04/24/07-80129-023 150.00

TITLE:   
NAME:   
STREET ADDRESS:   
CITY-STATE-ZIP:

☐ Change ☐ Addition

TITLE:   
NAME:   
STREET ADDRESS:   
CITY-STATE-ZIP:

☐ Change ☐ Addition

TITLE:   
NAME:   
STREET ADDRESS:   
CITY-STATE-ZIP:

☐ Change ☐ Addition

TITLE:   
NAME:   
STREET ADDRESS:   
CITY-STATE-ZIP:

☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 #