

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2007 8:00 am
Secretary of State

03-12-2007 90366 006 ***150.00

DOCUMENT # P99000024935

1. Entity Name
IZNAGA MEDICAL GROUP, P.A.



Principal Place of Business
1321 NW 14 ST
305
MIAMI, FL 33125

Mailing Address
1321 NW 14 ST
305
MIAMI, FL 33125

40054071



2. Principal Place of Business - No P.O. Box #
1321 NW 14th ST
Suite, Apt. #, etc.
606

3. Mailing Address
Suite, Apt. #, etc.
606

03072007 Chg-P CR2E034 (12/06)

City & State
MIAMI, FL

City & State

4. FEI Number
65-0903900

Applied For
Not Applicable

Zip
33125

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

RODRIGUEZ-IZNAGA, CLARA S
1321 NW 14 ST
MIAMI, FL 33125

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: *Clara Rodriguez Iznaga*

(NOTE: Registered Agents signature required when terminating)

3/7/07

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
RODRIGUEZ-IZNAGA, CLARA S
1321 NW 14 ST
MIAMI, FL 33125 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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: *Clara Rodriguez Iznaga* 3/7/07 3053259797
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #