


2007 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Mar 21, 2007 08:00 AM
Secretary of State

DOCUMENT # P99000025188
1. Entity Name
MARIA J. GUTIERREZ, M.D., FACR, P.A.



Principal Place of Business
2472 N. UNIVERSITY DRIVE
PEMBROKE PINES, FL 33024

Mailing Address
2472 N. UNIVERSITY DRIVE
PEMBROKE PINES, FL 33024



02212007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0907034	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
H.A. INCORPORATED
308 NW 101 TERRACE
CORAL SPRINGS, FL 33074

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)

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**

DATE: 03/29/07-80057-005 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GUTIERREZ, MARIA J 2472 N. UNIVERSITY DRIVE PEMBROKE PINES, FL 33024
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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: Maria J. Gutierrez MD Date: 3/18/07 Daytime Phone #: 954 447 1976

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR