

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 ☐ **\$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)

DATE 03/29/07

03/29/07-80057-005 150.00

**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	<b>D GUTIERREZ, MARIA J 2472 N. UNIVERSITY DRIVE PEMBROKE PINES, FL 33024</b>
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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

*Maria J. Gutierrez MD* 3/18/07 754 4471976

Date

Daytime Phone #