

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000036312

FILED  
Jun 02, 2007  
Secretary of State

**Entity Name:** NOGUERAS FAMILY HEALTH ASSOCIATES, INC.

**Current Principal Place of Business:**

9805 SW 115 CT  
MIAMI, FL 33176

**New Principal Place of Business:**

**Current Mailing Address:**

9805 SW 115 CT  
MIAMI, FL 33176

**New Mailing Address:**

PO BOX 160806  
MIAMI, FL 33116

**FEI Number:** 65-0931552

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CRAIG M. DORNE, PA  
407 LINCOLN RD  
PH-SOUTHEAST  
MIAMI BEACH, FL 33139 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: NOGUERAS, DEBRA  
Address: 9805 SW 115 CT  
City-St-Zip: MIAMI, FL 33176

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DEBBIE NOGUERAS

DP

06/02/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date