2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2007 08:00 AM
Secretary of State

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1. Entity Name
MORRIS, SKLAVER, MESTRE & DENNEY & PEREZ, M.D., P.A.

Principal Place of Business	Mailing Address
7353 NW 4TH STREET PLANTATION, FL 33317	7353 NW 4TH STREET PLANTATION, FL 33317

02132007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0916457
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SKLAVER, ALLEN R
7353 NW 4TH STREET
PLANTATION, FL 33317

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

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

U00000665518
03/23/07-80032-010 300.00

10. OFFICERS AND DIRECTORS

TITLE	T
NAME	SKLAVER, ALLEN
STREET ADDRESS	7353 NW 4TH STREET
CITY-ST-ZIP	PLANTATION, FL 33317
TITLE	V
NAME	MORRIS, JAMES
STREET ADDRESS	7353 NW 4TH STREET
CITY-ST-ZIP	PLANTATION, FL 33317
TITLE	T
NAME	PEREZ, DANIEL
STREET ADDRESS	7353 NW 4TH STREET
CITY-ST-ZIP	PLANTATION, FL 33317
TITLE	P
NAME	MESTRE, ALBERTO
STREET ADDRESS	7353 NW 4TH STREET
CITY-ST-ZIP	PLANTATION, FL 33317
TITLE	S
NAME	DENNEY-REID, CAROLYN
STREET ADDRESS	7353 NW 4TH ST.
CITY-ST-ZIP	PLANTATION, FL 33317
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: Allen Sklaver 2/22/07 9545846320
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #