## 2007 FOR PROFIT CORPORATION

## Apr 30, 2007 08:00 A Secretary of State **ANNUAL REPORT** DOCUMENT # P99000055693 ALEIDA M. HERNANDEZ, MD P.A. Principal Place of Business Mailing Address 8820 CORAL WAY, 8820 CORAL WAY, MIAMI, FL 33165 MIAMI, FL 33165 CR2E034 (11/05) 04032007 No Chg-P DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0922458 Not Applicable \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent N.A.F.A. ATTORNEYS, P.A. DO NOT WRITE 11890 S.W. 8TH ST., PH-4 MIAMI, FL 33184 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 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \$5.00 May Be After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE NAME HERNANDEZ, ALEIDA H 8820 CORAL WAY STREET ADDRESS MIAMI, FL 33165 CITY-ST-ZIP U00000747168 05/17/07-80014-024 150.00 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP

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 regeneral 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 attachn

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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**FILED**