


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 12, 2007 8:00 am**  
**Secretary of State**

04-12-2007 90029 017 \*\*\*150.00

DOCUMENT # P99000067009

1. Entity Name  
**REINALDO HERNANDEZ, M.D., P.A.**



Principal Place of Business  
**11486 SW 186TH STREET  
 MIAMI, FL 33157**

Mailing Address  
**P.O BOX 832348  
 MIAMI, FL 33283**


2. Principal Place of Business - No P.O. Box #  
**3319 SW 26 street**

3. Mailing Address  
 Suite, Apt. #, etc.  
**Miami, FL**

City & State  
**Miami, FL**

City & State  
**Miami, FL**

Zip **33133** Country **USA**



03022007 Chg-P CR2E034 (12/06)

4. FEI Number  
**65-0935838**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**HERNANDEZ, REINALDO MD  
 11486 SW 186 STREET  
 MIAMI, FL 33157**

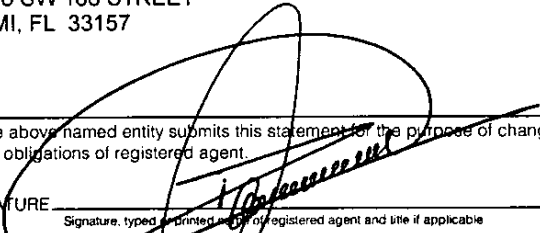
7. Name and Address of New Registered Agent

Name **Hernandez, Reinaldo MD**

Street Address (P.O. Box Number is Not Acceptable)  
**3319 SW 26 street**

City **Miami** FL Zip Code **33133**

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  DATE **April 7, 2007**

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

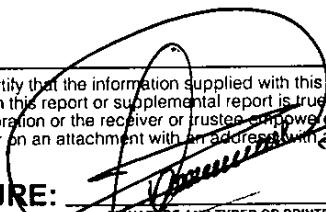
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP HERNANDEZ, REINALDO 3319 SW 26 STREET MIAMI, FL 33133	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 empowerments.

SIGNATURE:  **Reinaldo Hernandez, MD** DATE **April 7, 2007** 1 800 584-9557

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR