


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

Note: Did not receive 1st
notification.

DOCUMENT # P99000079761 1. Entity Name HECTOR LABRADA, M.D., P.A.	
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Principal Place of Business 5810 SW 16 STREET MIAMI, FL 33155 US	Mailing Address 5810 SW 16 STREET MIAMI, FL 33155 US
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FILED
07 SEP 20 PM 2:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



09102007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0954032	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent LABRADA, LUPE H 5810 SW 16TH ST. MIAMI, FL 33155

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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____

FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD LABRADA, HECTOR 5810 SW 16TH ST. MIAMI, FL 33155
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPSD LABRADA, LUPE 5810 SW 16TH ST. MIAMI, FL 33155
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>9/21</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date 9-15-07 Daytime Phone # 305-261-8127