


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 25, 2007 08:00 AM
Secretary of State

DOCUMENT # P99000088394	
1. Entity Name VIERA MEDICAL CLINIC, P.A.	

Principal Place of Business 4726 N. HABANA, STE 202 TAMPA FL 33614	Mailing Address P.O. BOX 18946 TAMPA FL 33679-8946
--	--



2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt #, etc.		Suite, Apt #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E034 (10/06)

4. FEI Number	59-3605579	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	
VIERA, ANGEL 4011 W. CLEVELAND ST. TAMPA FL 33609	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code


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 _____ (NOTE: Registered Agent signature required when reconstituting) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
---	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY ST ZIP	P VIERA, MAGDALENA 4726 N. HABANA AVE., STE 202 TAMPA FL 33614 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	U00000604053 01/29/07-80037-022 150.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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 Section 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:  **ANGEL VIERA** 1/19/07 813-870-6422
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Case Daytime Phone #