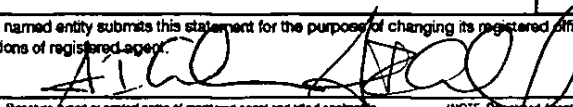
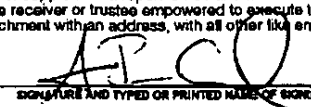


FILED
May 04, 2007 8:00 am
Secretary of State

27

02-26-2007 90069 036 ***150.00

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P99000089966			
1. Entity Name JOSE I. ALMEIDA, M.D. P.A.			
Principal Place of Business 1501 S MIAMI AVE MIAMI, FL 33129		Mailing Address PO BOX 1365 KEY BISCAVNE, FL 33149 US	
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
03122007		Chg-P CR2E034 (12/06)	
4. FEI Number 65-0958156		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ALMEIDA, JOSE I MD PO BOX 1365 KEY BISCAVNE, FL 33149		7. Name and Address of New Registered Agent Name Jose Almeida Street Address (P.O. Box Number is Not Acceptable) 1501 S Miami Ave City Miami FL 33129	
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 4/11/07	
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ALMEIDA, JOSE I MD PO BOX 1365 KEY BISCAVNE, FL 33149 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Almeida, Jose I MD 1501 S Miami Ave Miami FL 33129 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ 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 empowered.			
SIGNATURE: 		Date 4/11/07 Daytime Phone # 3058541555	

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000089966	
1. Entry Name JOSEY ALMEIDA, M.D. P.A.	

Principal Place of Business 1501 S MIAMI AVE MIAMI, FL 33129	Mailing Address PO BOX 1365 KEY BISCAYNE, FL 33149 US
--	---

DO NOT WRITE IN THIS SPACE

ATTACHMENT

66013116



01292007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0958156	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

ALMEIDA, JOSE I MD
PO BOX 1365
KEY BISCAYNE, FL 33149

**DO NOT WRITE
IN THIS SPACE**

8. The above named entry 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]

(NOTE: Registered Agent signature required when registering)

2/11/07

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	ALMEIDA, JOSE I MD
STREET ADDRESS	PO BOX 1365
CITY-STATE-ZIP	KEY BISCAYNE, FL 33149

TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-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: [Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/11/07

305 265 7609

DATE

Daytime Phone #