2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # S33147

1. Entity Name
WILLIAM SUAREZ, M.D., A PROFESSIONAL ASSOCIATION

Principal Place of Business	Mailing Address
2601 SW 37TH AVE., STE. 806 MIAMI, FL 33133 US	2601 SW 37TH AVE., STE. 806 MIAMI, FL 33133 US

DO NOT WRITE IN THIS SPACE

01042007   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
65-0248060	Not Applicable

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

6. Name and Address of Current Registered Agent

SUAREZ, MARICARMEN
2645 SW 37 AVE
STE 505
MIAMI, FL 33153

DO NOT WRITE 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 _Maricarmen Diaz_   _1/4/07_

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   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	P
NAME	SUAREZ, WILLIAM
STREET ADDRESS	2645 SW 37 AVE STE 505
CITY-ST-ZIP	MIAMI, FL 33133

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/09/07-80003-019 150.00

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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: _Wm_   _1/4/07_   _305-648-0114_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #