


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90819 036 ***150.00

DOCUMENT # S58005 1. Entity Name TERESA CARDOSO, M.D., P.A.																											
Principal Place of Business 1321 NW 14TH ST. SUITE 404 MIAMI, FL 33125 US		Mailing Address 1321 NW 14TH ST. SUITE 404 MIAMI, FL 33125 US																									
2. Principal Place of Business - No P.O. Box # 2130 SW 4th AVE Suite, Apt. #, etc.		3. Mailing Address 2130 SW 4th AVE Suite, Apt. #, etc.																									
City & State Miami, FL		City & State Miami FL 33129																									
Zip 33129	Country USA	Zip 33129	Country USA																								
6. Name and Address of Current Registered Agent CARDOSO, TERESA 1321 NW 14TH ST SUITE 404 MIAMI, FL 33125		7. Name and Address of New Registered Agent Name CARDOSO, TERESA Street Address (P.O. Box Number is Not Acceptable) 2130 SW 4th AVE City MIAMI FL FL Zip Code 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																											
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																									
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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: <u>TERESA CARDOSO</u> 4-21-07 305-528-3491 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																											