

**FOR PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**May 10, 2007 8:00 am**  
**Secretary of State**

05-10-2007 90030 014 \*\*\*150.00

DOCUMENT # **561720**

1. Entity Name

**RAUL P. PALOMADO, M.D., P.A.**



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

**302 W. MAIN STREET**

Suite, Apt. #, etc.

3. Mailing Address

**PO BOX 1357**

Suite, Apt. #, etc.

City & State

**BOWLING GREEN, FL**

City & State

**BOWLING GREEN, FL**

Zip

**33834**

Country

**USA**

Zip

**33834**

Country

**USA**

4. FEI Number

**65-0258337**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

CR2E034B (8/05)

**40110437**

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Street Address (P.O. Box Number Not Applicable)

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**January 1 - May 1 Fee is \$150.00**

**After May 1, Fee is \$550.00**

**Amended AR is \$61.25**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**PST**

**PALOMADO, RAUL P.  
1220 KNOLLWOOD CIRCLE  
WAUCHULA, FL 33873**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**5/10/07 (863) 325-2214**